

Case	(321) Retroperitoneal haematoma secondary to spontaneous rupture of the iliac vein
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## CASE PRESENTATION

Woman aged 70 goes to A&E due to several episodes of dizziness and sensation of weakness while walking along the street. On arrival at A&E she presents loss of consciousness with spontaneous recovery and signs of poor perfusion.

-Physical examination showed BP 104/68 and HR 86. Lower left limb is purple and oedematous.

-Chronic venous insufficiency of this limb is highlighted in her clinical history.

A large retroperitoneal haemorrhage extending towards the pelvic space without signs of active bleeding was identified in the abdominal-pelvic CT.

Extensive acute thrombosis appreciated of left superficial, common and iliac femoral vein reaching the lower vena cava.

Given the diagnosis of spontaneous retroperitoneal haemorrhage associated with DVT a filter was inserted in the lower vena cava.

Favourable evolution with conservative treatment.

LMWH (low molecular weight Heparin) was prescribed at prophylactic dosage and the cava filter to be removed 2 months' later.

## DISCUSSION

Spontaneous retroperitoneal haematoma associated with iliac vein rupture is a lifethreatening emergency. Iliac vein rupture usually occurs due to serious trauma, surgery, etc.

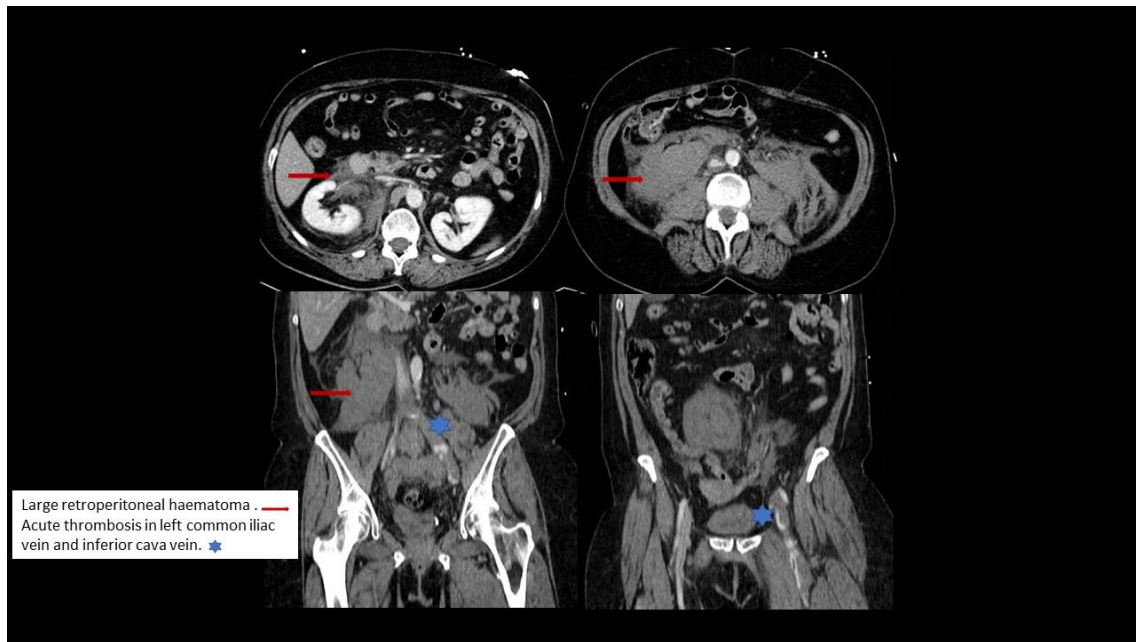
Spontaneous occurrence is very rare, and is characteristic of a middle-aged or elderly woman and predominantly on the lefthand side. The characteristic clinical scenario is a middle-aged woman with sudden onset of hypotension, low abdominal pain and non-pulsating mass in left iliac fossa (Lenk's Triad) with oedema in lower left limb and absence of a traumatic incident.

The association of spontaneous iliac vein rupture with DVT or Thrombophlebitis (79% of cases) and May-Thurner Syndrome (28% of cases) has been described. May-Thurner Syndrome (MTS) consists of anatomic pressure of the common left iliac vein by the primitive right iliac artery.

## CONCLUSION

When presented with a middle-aged/elderly woman with spontaneous retroperitoneal haematoma and DVT, iliac vein rupture should be suspected.

The characteristic clinical symptoms are: sudden abdominal or lumbar pain, shock and lower left limb oedema.



## BIBLIOGRAPHY

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