

Case	(736) Upper intestinal obstruction caused by iatrogenic duodenal hematoma.
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CASE PRESENTATION

20 year-old male with cerebral palsy is sent to emergency room with 10 days vomits without pathological products and 48h absence of bowel movement.

As a recent event a gastroscopy was proceed 10 days in another hospital where patient went with the same clinic 5 days ago; an ultrasound was performed, the study was reported as gastric dilatation without another patologic features.

After this an nasogastric aspiration and was performed and the patient was sent to home. He has not presented fever or other symptoms. Apply for CT scan of abdomen with contrast at the service of emergency Radiology with clinic suspicious of upper intestinal obstruction.

Abdominal CT with contrast in phase portal was performed and showed an important gastric and 1st-2nd duodenal portion dilatation with distal collapse of 3rd and 4th duodenal portion, handles of jejunum and ileum and colon, identifying a well-defined mass dependent of the duodenal wall at the level of second duodenal portion and high density (53 UH). Findings suggested a duodenal hematoma who was confirmed in a posterior gastroscopy.

DISCUSSION

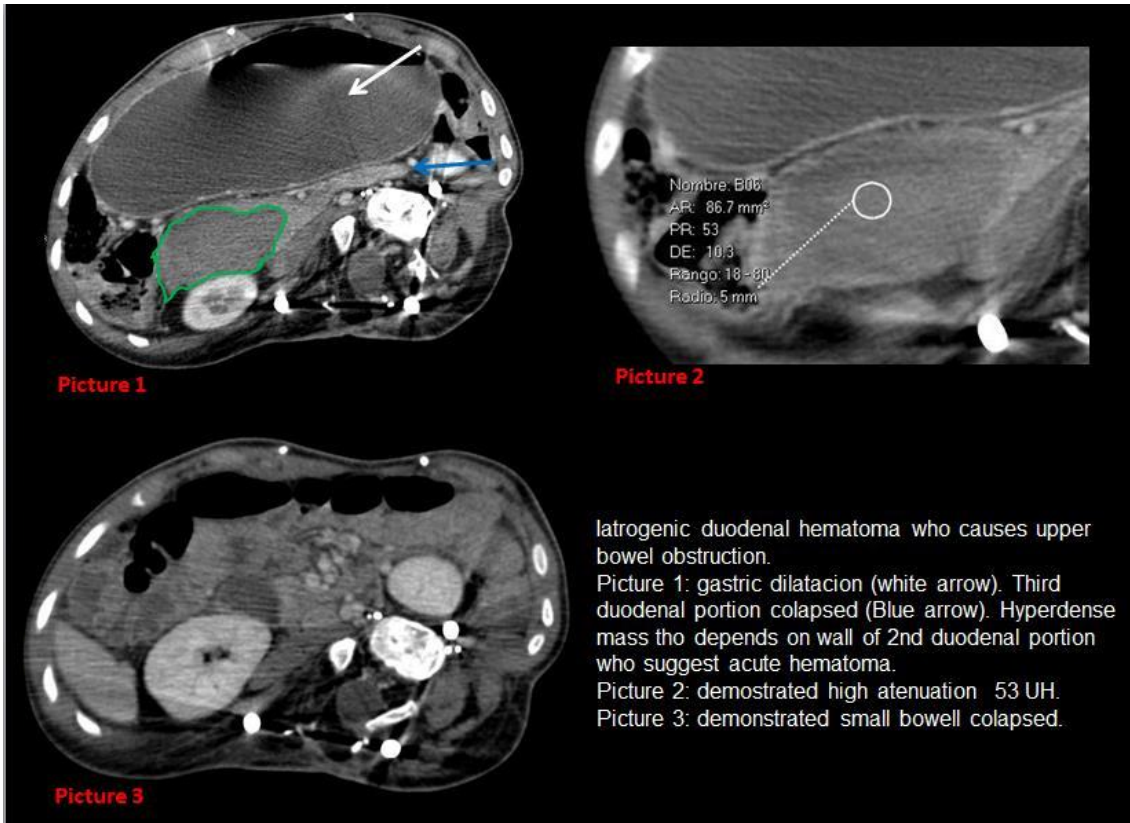
Intestinal hematomas are uncommon and most had an traumatic antecedent (90%). The duodenum is the most frequently affected intestinal portion (approximately by 40%) and it could spontaneous (normally in patients treated with anticoagulant drugs, haematological diseases, or vasculitis).

This entity often goes unnoticed because of the nonspecific clinical presentation which consists of abdominal pain, nausea and vomiting and clinic of intestinal obstruction.

Abdominal CT provides an quickly diagnosis, observing a circumferential and hyperdense thickening of the intestinal wall, mainly.

CONCLUSION

Intestinal intramural hematoma is a rare entity with non-specific clinical findings, so a proper clinical context we will be useful for diagnostic. CT provides a quick and non invasive diagnostic.



BIBLIOGRAPHY

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