

Late diagnosis of a lateral abdominal wall hematoma presenting with nonspecific findings: report of a case

Nonspesifik bulgularla geç dönemde ortaya çıkan lateral karın duvarı hematomu:
Olgu sunumu

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We report a case with a late diagnosis of posttraumatic lateral abdominal wall hematoma. The patient was admitted with a giant hematoma presenting with pleural effusion, anemia and weight loss on postoperative 30th day after a blunt trauma. Computerized tomography analysis revealed a hematoma extending from axilla to the gluteus. Fine-needle aspiration revealed an exudative fluid and five liters of fluid collection was drained. Misdiagnosed lateral abdominal wall hematomas can be diagnosed with nonspecific findings as in this case.

Key Words: Anemia; lateral abdominal wall hematoma; pleural effusion; weight loss.

Bu yazıda travma sonrası geç dönemde ortaya çıkan lateral abdominal duvar hematomu olgusu sunuldu. Hasta, künt vücut travması sonrası 30. günde dev hematom, plevral efüzyon ve kilo kaybı bulguları ile hastaneye yatırıldı. Bilgisayarlı tomografi incelemesinde hematomun aksilladan gluteus düzeyine kadar ulaştığı görüldü. İnce iğne aspirasyon biyopsisinde ek-süda niteliğinde sıvı kolleksiyonu saptandı ve yaklaşık olarak beş litre sıvı drene edildi. Bu olguda gösterildiği gibi lateral abdominal duvar hematomları nonspesifik bulgularla karşımıza çıkmakta ve bu nedenle geç tanı almaktadırlar.

Anahtar Sözcükler: Lateral abdominal duvar hematomu; plevral efüzyon; kansızlık; kilo kaybı.

Abdominal wall hematomas, due to blunt abdominal trauma, can be life-threatening and require prompt and accurate diagnosis and treatment. Hematomas of the abdominal wall can be classified as common rectus sheath hematomas and the rare hematomas of the lateral abdominal wall.

We present a case of late diagnosed post-traumatic hematoma in the lateral abdominal wall on 30th day after blunt trunk trauma.

CASE REPORT

An 18 year-old young man was admitted to our department with weight loss, fever and anemia after 30 days of a motor vehicle accident. He had a history

of splenectomy due to a traumatic rupture a month before in a public hospital and aspirin was given following surgery. The physical examination revealed a giant subcutaneous fluid collection extending from the left axilla to the left gluteus. Computerized tomography (CT) examination showed giant haematoma-like collection in the left lateral thoraco-abdominal wall and left site pleural effusion (Fig. 1, 2). Ultrasound and CT excluded intra-abdominal fluid collection and/or any abdominal pathology. Initial hemoglobin and hematocrit levels were 7.7 g/dl and 22.6%, respectively. As a first treatment option, fine needle aspiration was performed. Aspiration material was exudative fluid according to the biochemical

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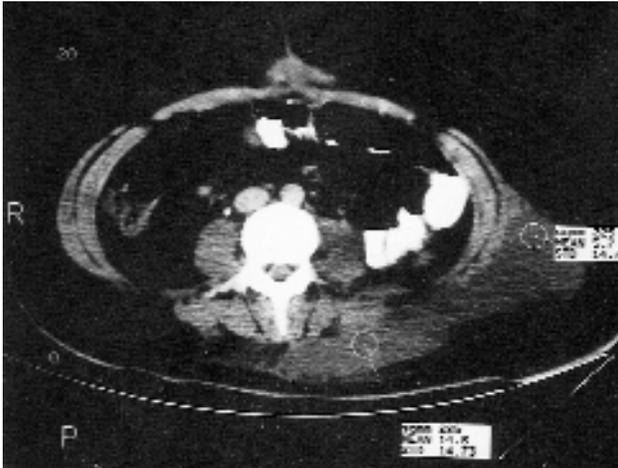


Fig. 1. Lateral abdominal wall hematoma on CT examination.

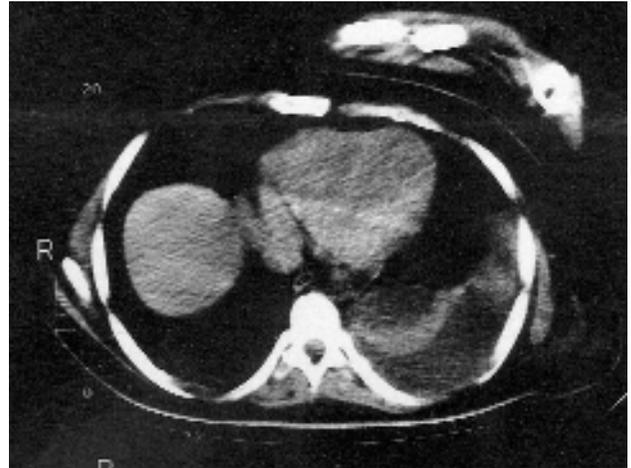


Fig. 2. Pleural effusion on CT examination.

analysis. A total of five liters of exudative fluid was drained through the gluteal region as a second step. There was a wide necrotic area on the drainage site of the gluteal skin and this necrotic area was excised on the second day. Granulation tissue covered the gluteus muscle entirely. Full thickness skin grafting was performed 15 days after the debridement procedure and the patient was discharged from the hospital on postoperative day 10.

DISCUSSION

Hematomas of the lateral abdominal wall which are by a rupture of the deep circumflex iliac artery, including both spontaneous and traumatic cases are very rare.^[1,2] Lefere et al.^[3] reported an expanding hematoma of the lateral abdominal wall after blunt abdominal trauma and Katsumori et al.^[4] reported spontaneous hemorrhage from the deep circumflex iliac artery. Iatrogenic hematomas as a result of trocar placement during laparoscopic surgery have also been reported.^[5,6]

This case was a lateral abdominal wall hematoma diagnosed one month after trauma presenting with pleural effusion and lateral thoraco-abdominal wall mass. Possible predisposing factors for this giant hematoma seem to be trauma and aspirin administration after splenectomy.

Diagnoses of lateral abdominal wall hematoma can be made clinically. Since those hematomas can clearly mimic an acute abdomen, ultrasonography and CT evaluation might help in excluding intra-abdominal haemorrhage. Furthermore, ultrasonogra-

phy and CT allow the differentiation between the rectus and lateral abdominal wall compartments.^[7,8]

Conservative treatment is the most common treatment modality for abdominal wall hematomas. Surgical treatment is preferred in life-threatening complications such as an organ rupture in the peritoneal cavity, infection or hematoma progression. Recently, gelfoam embolization procedures have been demonstrated as a successful alternative treatment modality.^[3,4,9]

In conclusion, lateral abdominal wall hematomas can be diagnosed with nonspecific findings such as chronic anemia, fever and pleural effusion. Treatment options are variable in those conditions.

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