Solución del caso: Abdominal pain after the repair of an aortoiliac aneurysm

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Conservative management was started with nil per os, monitoring of clinical and laboratorial parameters, and reversion of the coagulopathy. Blood transfusion was not necessary. Pain subsided and no sign of persistent bleeding was noticed after treatment. Diet was reintroduced at the 3rd day. The patient was discharged on day 8.

Gastrointestinal tract non-traumatic intramural hematoma is a rare finding.[1] Most cases are originated in the esophagus or duodenum and are related to ulcer disease, endoscopic therapy and arterial aneurysms. Spontaneous hematomas, especially due to coagulation disturbances, are even rarer. Only a few cases of spontaneous gastric hematoma have been reported.[2-7] Most cases are associated to bleeding disorders, either hematologic diseases or anticoagulative therapy.[1-4,7] Interestingly, the majority of authors report the diagnosis of gastric hematoma only after CT or even during pathologic examination after gastrectomy.[8]

CT scan can detect gastric hematoma as a hyperdense mass (density value ranging from 50-80UH). Enhancement is not noticed after intravenous contrast injection, unless an active bleeding is present, as we have shown in our patient. CT scan can differentiate a gastric hematoma from a tumor lesion, since the former usually is less dense than a hematoma and do enhance after contrast media injection. MRI can also detect gastric wall hematoma as an intermediate -signal- intensity mass on T1 and T2 weighted images, with no enhancement after gadolinium intravenous injection. It must be remembered that a residual image may persist for up to 1 year.[2] Upper digestive endoscopy may disclose an extrinsic mass or may be normal.[2] There are no reports of rupture associated to the endoscopy.

Most cases are managed with a non-surgical approach.[1,2,4] Angiography has the potential advantage of allowing treatment of active bleeding.[4] However, it is rarely necessary and only 1 case has been reported. Surgical therapy is an option in enlarging hematomas, although perforations to the gastric lumen or peritoneum have not been reported in spontaneous hematomas.[4]

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