"ORGANISED HAEMATOMA IN THE WALL OF ASCENDING COLON: A CASE REPORT"

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ABSTRACT:

Colonic wall hematoma is a rare complication of blunt trauma to the abdomen. We report a case of a 28 year male that came to our hospital with complaints of right lumbar region pain and vomiting following blunt abdominal trauma. Abdominal sonography showed a hematoma of ascending colon. CT scan confirmed a large intramural hematoma causing proximal obstruction and a grossly dilated caecum. Surgery was done due to persistent complaints and the findings were reconfirmed. In this report we will bring in focus a rare cause of pain in abdomen and bowel obstruction following blunt trauma not only to radiologists but also to surgeons, and that colonic intramural hematoma should also be considered as one of the differential diagnosis in such patients.

KEY WORDS:
Hematoma, ascending colon, intramural, bowel obstruction

INTRODUCTION:

The large bowel hematoma is a one of the complications of blunt abdominal trauma.[1] Such hematomas are an uncommon cause of acute abdominal pain and are often rare and misdiagnosed. A case was reported with blunt abdominal trauma due to fist punch. Patient came to our hospital with acute abdominal pain since 5-6 days and few episodes of vomiting. Patient was undergone ulrasonography and was managed conservatively. after which he developed uneasy feeling in the abdomen with constipation. Examination of the abdomen indicated distension and tenderness mainly on the right side, without signs of peritoneal irritation. Rectal examination showed no signs of bleeding. Our study aims to review the CT imaging findings of patients with large bowel hematoma which is a rare entity.

OBSERVATION:

Provisional Diagnosis was made on sonography mentioning a well defined hypo-echoic lesion of size 6.4x5.4 cm noted in the right lumbar region adjacent to the ascending colon with internal echoes within, suggestive of an organized hematoma.

Contrast CT scan showed a 7.4 x 7.2 x 7.1 cm non enhancing iso to hyperdense lesion in the right paralumbar region [figure no.1]. The lesion seemed to arise from the medial wall of ascending colon pushing the lumen laterally. Collapsed large bowel was seen distal to the lesion. The caecum was grossly dilated (approx. 11 x 10 x 8 cm in diameter) with fecal matter. Dilated loops of ileum were seen with multiple air-fluid levels, suggesting small bowel obstruction. These described findings suggested intramural hematoma in the wall of ascending colon causing proximal bowel obstruction.

During laparotomy, hematoma of ascending colon wall of size 7 cm in diameter and grossly distended caecum of size 13 cm in diameter, were found as shown in figure no.4. Resection was done and anastomosis of ileum to the medial side of ascending colon was performed.

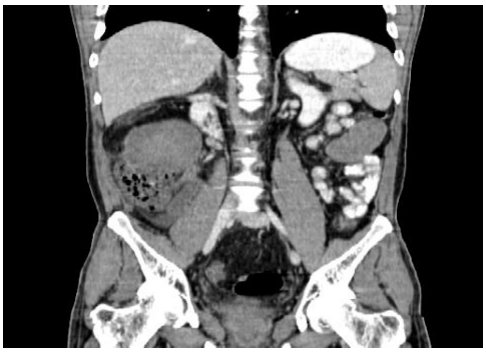

Figure 1 .Showing enhancing lesion in the right paralumbar region.

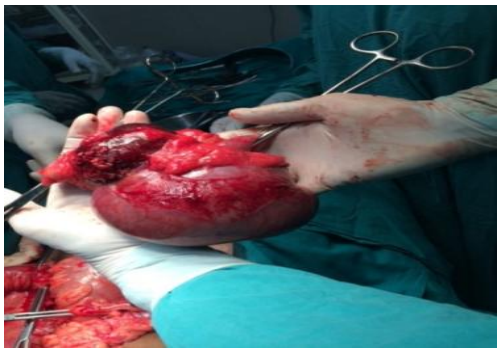

Figure 2. intraoperative picture of grossly dilated caecum with ascending colon wall

DISCUSSION:

Generally the clinical manifestations of colonic wall hematomas are variable. The onset of symptoms is early, usually within one week of injury. Unlike hematomas of the duodenum or jejunum, the symptoms usually are not obstructive in nature. They may also present with severe abdominal pain, rectal bleeding and shock, due to hemoperitoneum following spontaneous evacuation of hematoma.[2, 3]

To know the anatomical origin of hematoma in described case, one should know the anatomy and histological layers of caecum and ascending colon. Caecum is a large blind sac forming commencement of the large intestine. It is situated in the right iliac fossa above the lateral half of inguinal ligament. It communicates superiorly with ascending colon, medially at the level of caeco-colic junction with the ileum and posteromedially with the appendix.[4] Ascending colon is about 12.5 cm long and extends from caecum to the inferior surface of the right lobe of liver. Usually it is retroperitoneal.[5] Histologically large intestine (colon) has mucosa, submucosa, muscle layer and adventitia from within outwards.[6] As the submucosa is richly supplied by blood vessels submucosal hematomas are more common followed by hematoma between the serosa/adventitia and the muscular layer. In our case, the hematoma was found between the adventitia and muscular layer.

SUMMARY AND CONCLUSION:

To summarize, we present a case of 28 year old gentleman with blunt abdominal trauma, who presented with manifestations of pain and tenderness in the abdomen and later had symtoms of obstruction. Provisional diagnosis was made by ultrasound examination and confirmed preoperatively by CT scan as ascending colon intramural hematoma. This diagnosis was proved on surgery. Thus our case brings in focus not only to radiologists but also to surgeons, a rare cause of pain in abdomen and bowel obstruction following blunt trauma and that colonic intramural hematoma should also be considered as one of the differential diagnosis in such patients.

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