

DUODENAL DISSECTION SECONDARY TO INTRAMURAL HEMATOMA AFTER ENDOSCOPIC THERAPY IN A HEPATIC CIRRHOTIC PATIENT ON LONG-TERM HEMODIALYSIS

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BACKGROUND: Intramural duodenal hematoma is rare. It commonly develops after blunt abdominal trauma, and less reported in pancreatic disease and collagen vascular disease or a complication of anticoagulant therapy. Intramural hematoma of the duodenum has also been noted as a complication of diagnostic or therapeutic upper digestive endoscopy. We report a case of intestinal obstruction and duodenal dissection resulting from an intramural hematoma after therapeutic endoscopy for a bleeding duodenal ulcer in a hepatic cirrhotic patient on long-term hemodialysis.

CASE SUMMARY: A 58-year-old man on long-term hemodialysis with liver cirrhosis and hepatoma was admitted to our hospital for epigastralgia and coffee-ground vomitus. Endoscopy revealed several bleeding ulcers in the duodenal bulb, and 5ml of 0.2% epinephrine was injected for hemostasis. His platelet count was low (93,000/ul). Twelve hours later, epigastralgia recurred and hypotension developed. Emergent computed tomography revealed a big intramural hematoma in second and third portion duodenum with infiltrative hematoma in bilateral anterior pararenal space (Fig.1). Upper gastrointestinal series revealed dissection of second portion duodenum with narrow false lumen and blocked true lumen. (Fig.2). Thereafter, parenteral feeding was given for 21 days. The hematoma gradually resolved with conservative management within 6 week .

CONCLUSION: Duodenal dissection secondary to intramural duodenal hematoma may develop as a complication of the endoscopy in a patient with a bleeding tendency, as hemodialysis and liver cirrhosis in this case.

KEYWORDS: Duodenal dissection, Intramural hematoma, Endoscopy, Hemodialysis, Liver cirrhosis

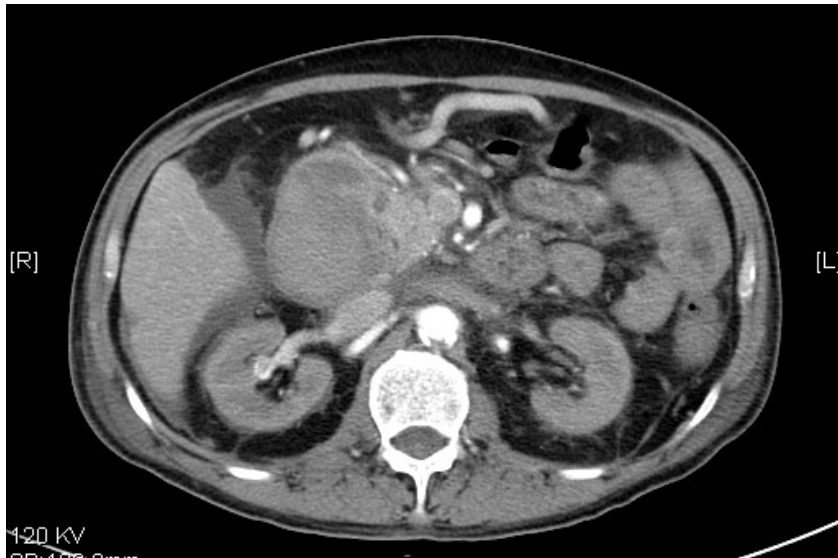


Figure 1. Computed tomography revealed a big intramural hematoma in second and third portion duodenum with infiltrative hematoma in bilateral anterior pararenal space.

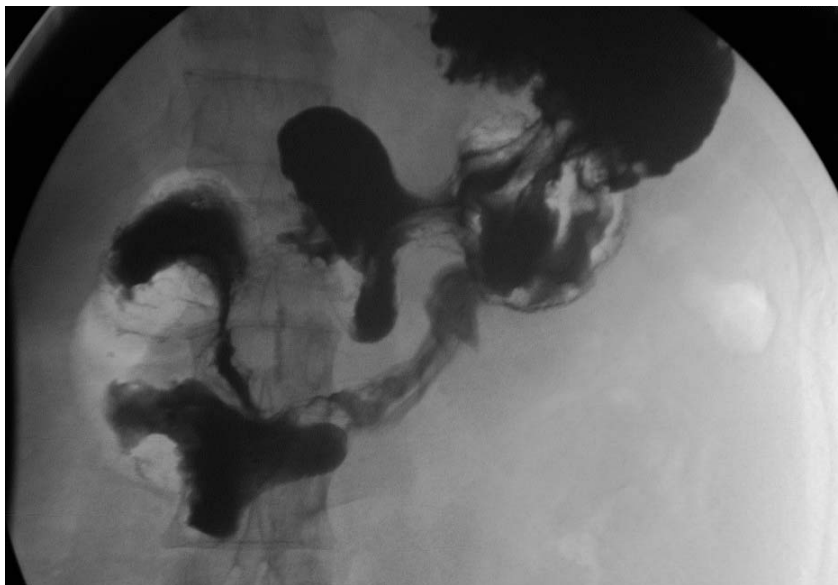


Figure 2. Upper gastrointestinal series revealed dissection of second portion duodenum with narrow false lumen and blocked true lumen.