Idiopathic intramural hematoma of sigmoid colon.
A case report

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Intramural hematoma of the colon is rare. It may be “spontaneous” in patients with anticoagulant therapy or blood dyscrasia or caused by blunt abdominal trauma. An uncertain origin is also reported, so we have also “idiopathic hematoma”. The AA report a new case of uncertain origin and review the literature. The diagnosis is difficult. Symptoms and signs of intestinal obstruction or colic bleeding are often present. Rx plain abdomen and colonoscopy are not diriment. Angio-TC is useful for detailed diagnosis. Resection of colic segment with hematoma is the gold standard therapy, but evacuation of hematoma might be considered. The reported data show that also colic intramural hematoma should be taken into account in cases of colic obstruction or bleeding. This diagnosis should be considered specially in patients with anticoagulant therapy or referred blunt abdominal trauma.

KEY WORDS: Colic bleeding, Intramural colic hematoma, Intestinal obstruction

Introduction

Intramural hematoma of the colon is rare: only 27 cases have been reported in the literature in the last 20 years. Blunt abdominal trauma, anticoagulant therapy and blood dyscrasia are the common causes. Cases of uncertain origin are extremely uncommon. Symptoms and clinic signs are not specific, presenting usually as bowel occlusion. Therefore, intramural hematoma of the colon raises particular diagnostic and therapeutic issues.

This study wish to aid more knowledge about this rare disease. Therefore we report one recently observed case of “idiopathic” sigmoid intramural hematoma, and review the literature.

Case report

A 66-year-old-man has recently come to our observation, because symptoms and signs of intestinal occlusion. Left hemiparesis, sphincter incontinence, diabetes melitus, hypertension and malnutrition were co-morbidities. Anticoagulant therapy or abdominal trauma had not been reported. Laboratory findings at admission showed anemia (Hb 6.8g/dl, Ht 20%), normal white blood cells count and low levels of serum albumin (1.9g/dl). Plain abdomen x ray showed dilatation of colon until sigmoid.

Waiting to define the diagnosis, nasogastric tube decompressing has been positioned, TPN and red blood cells transfusion had been administered. At third day from admission, a profuse colic bleeding led us to repeat the colonoscopy which showed a solution of continuity of the bowel wall (3 cm in diameter) at 18 cm from anal...
margin. Suspecting diagnosis of perforated mass into the colon, an urgent surgery was planned. At laparotomy, three red intramural masses of the sigmoid were present. Considering the poor general condition of the patient and the uncertain diagnosis of the masses, we opted for sigmoid resection (Fig. 2, 3) according to Hartmann procedure. Histopathology findings of the surgical specimen showed "submucosal hematomas". The postoperative course was uneventful and the patient was discharged in mild general condition on postoperative nineteen day.

Discussion

Intramural hematoma of the colon is a rare disease 1-3, as the all intramural hematomas of other segments of gastrointestinal tract 12-14. Intramural colic hematoma may be secondary or "spontaneous". Blunt abdominal trauma is the common cause of the first, even if, recently, some cases had been reported after stapled hemorrhoidectomy 15. Anticoagulant therapy, blood dyscrasia are frequently associated with the second. However, the causes are unknown in 1% of spontaneous 3,11, so that the hematomas must been considered "idiopathic", as in our case. The hematomas are usually found in the submucosal layer 6,11. Single hematomas have been reported usually 2, however multiple hematomas might been found, as in our case. Symptoms and signs of intestinal occlusion had been often reported 1-3,11; intestinal perforation, bleeding and...
hemoperitoneum are rarely 2. Intestinal occlusion and colic bleeding, as in our case, was associated in only three cases 1-2,11. The diagnosis of intramural hematoma of the colon is difficult 1-4, because clinic symptoms and signs are not specific. Plain abdominal x-ray films reveal only typical patterns of colic obstruction. Colonoscopy may be useful but not diriment, showing “blue and roundish formations” in submucosal layer 11, as in our case. Only angio-CT scans might be capable of yielding detailed diagnosis 1-3,11, if intramural hematoma has been considered.

The resection of colic segment with hematoma is the gold standard therapy 1-3,11, with a good outcome. The only evacuation of the hematoma is possible if colic mucosal perforation is absent; on the contrary, as in our case, colic resection is mandatory 4. If the diagnosis of colic intramural hematoma is performed in patients with anticoagulant therapy, and symptoms and clinic signs showing urgent surgery are absent, conservative therapy may be indicated 1-5. Cessation of anticoagulant therapy might be resolved colic haematomas in 30% of cases 11. However if the lesions do not resolve spontaneously within a few week, the surgical therapy is necessary 11 because the risk of complications is high 1-3,11. Postoperative recurrent intramural hematoma have not been reported.

In conclusion the our reported case and literature data show that also colic intramural hematoma should be taken into account in cases of colic obstruction or bleeding, if an abdominal mass is present. This diagnosis should be considered specially in patients with anticoagulant therapy or referred blunt abdominal trauma.

**Riassunto**


La diagnosi di ematoma intramurale del colon è diffi- coltosa in quanto il quadro clinico è aspecifico. Infatti sono presenti sintomi e segni clinic di occlusione inte- stinale o, meno frequentemente, di sanguinamento colici- co. Rx diretta addome nel primo caso e colonscopia nel secondo non sono sempre esaustivi. L’AngioTac è inve- ce dirimente. La resezione del segmento colico inte- ressato dall’ematoma è l’intervento di scelta. In alcuni casi può essere presa in considerazione la sola evacuazione dell’ematoma. Recidive postoperatorie non sono riportate.

Le suddette osservazioni devono indurre a sospeizzare anche la diagnosi di ematoma intramurale del colon in caso di occlusione o sanguinamento colico, specie in pazienti con malattie emolitiche o sottoposti a terapia anticoagulante.

**Reference**


