

## Case Report

# A rare case of traumatic intramural hematoma in pediatric age group successfully managed with expectant approach

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### ABSTRACT

Acute colonic intramural hematoma is a rare clinical entity. In most cases reported in literature a surgical management is used. Here we present a case of an 8-year-old boy who was found to have a colonic intramural hematoma following a fall from bicycle. Considering the age of the child and hemodynamic stability a conservative management was adopted and the child was successfully managed

**Keywords:** Intramural hematoma, Pediatric, Surgical management

### INTRODUCTION

Acute colonic intramural hematoma is a rare clinical entity. Possible etiologies include blunt trauma to the abdomen, bleeding diathesis and malignancies. Rarely it can occur as an iatrogenic sequelae or following anticoagulant therapy.<sup>1,2</sup> Intramural hematomas usually occur in the duodenum with relatively rare incidence in the colon because of the protective role played by the taenia coli.<sup>2</sup> The management of a colonic intramural hematoma should be tailored to the patient. The treatment of choice is usually surgery however conservative management can be tried for hemodynamically stable patients.<sup>2,3</sup>

### CASE REPORT

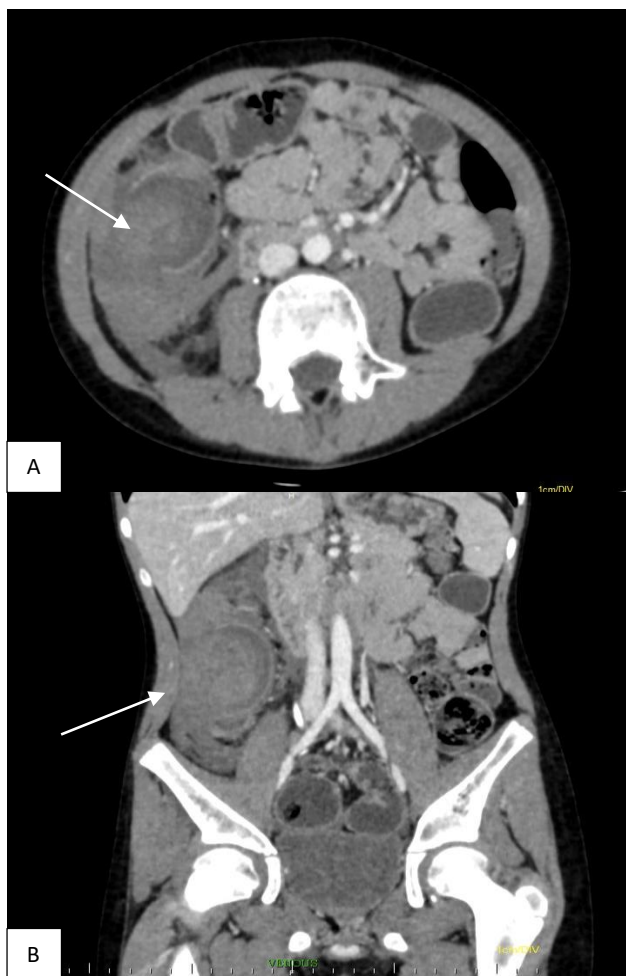
An 8-year-old male child, presented to the emergency department with alleged history of fall from bicycle. During the fall, child gave a history of the handle hitting the abdomen following which he experienced severe right sided abdominal pain. He also gave history of 1 episode of vomiting. No history of hematemesis or melena. On examination, his vitals were stable. There was guarding noted over the right hypochondrium and right lumbar region. Chest radiograph did not reveal any free air under the diaphragm. An emergency sonography done showed

minimal fluid in Morrison's pouch and pelvis. A CECT abdomen was immediately done considering the findings

CECT abdomen revealed a large hematoma measuring 10×4.5 cm in the right paracolic gutter, the hematoma was seen displacing and compressing the ascending colon medially. There was a suspicious dehiscence of the cecal wall seen, however there was no extraluminal free air seen.



**Figure 1: Plain CT axial section of abdomen shows a large hematoma in right paracolic gutter which is seen displacing and compressing ascending colon medially.**



**Figure 2 (A and B): Contrast enhanced axial section of abdomen shows dehiscence of cecal wall.**



**Figure 3: Rectal positive contrast showed no evidence of contrast leak.**

Rectal positive contrast given showed no evidence of contrast leak. As vitals were found to be stable and considering the age of the patient, he was managed conservatively. On day 3 ultrasonography was done. There was no increase in size of hematoma or increase in

hemoperitoneum. The patient was continued on conservative management and was started on oral diet. Repeat ultrasonography after 4 weeks showed resolution of the hematoma

## DISCUSSION

Acute colonic intramural hematoma is a rare entity whose presentation depends on the location of the hematoma.<sup>4</sup> Complications can be early or late. Early complications include rupture of the hematoma, intestinal obstruction and intussusception while late complications usually occur in the form of stricture formation.

Contrast enhanced CT scan is the gold standard for the diagnosis of a colonic intramural hematoma. CT findings include irregular wall thickening and luminal narrowing.<sup>6</sup> The presence of hyperdense intraperitoneal fluid may also be seen.

The management of colonic intramural hematoma depends on the etiology as well as the hemodynamic stability. Hematomas arising spontaneously or as a result of bleeding diathesis can be usually managed conservatively.<sup>5</sup> Traumatic intramural hematomas are usually surgically managed with right hemicolectomy.<sup>5,6</sup> In our case the patient was managed conservatively due to the hemodynamic stability and the age of the patient. Traumatic intramural colonic hematomas have high risk of spontaneous rupture causing hemoperitoneum, hence close monitoring of vital signs was done.

## CONCLUSION

Traumatic intramural colonic hematoma is a rare presentation in pediatric age group. Even though surgery is the management of choice, in pediatric age group hemodynamically stable patients can be managed conservatively.

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