

## ■ Sun-040 ■

## Idiopathic intramural duodenal hematoma: A case report and clinical management with imaging studies

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**Introduction:** Intramural duodenal hematoma, a rare condition, is commonly associated with abdominal blunt trauma, anticoagulant therapy, and coagulation disorders. Its common symptoms are abdominal pain and nausea. Complications including intestinal obstruction, peritonitis, and pancreatitis may occur depending on its location and size. Diagnosis is confirmed by imaging techniques such as esophagogastroduodenoscopy (EGD) and computed tomography (CT). This is a case of intramural duodenal hematoma that has occurred with no history of abdominal trauma, bleeding disorder, and anticoagulant intake, and no sign of trauma in abdominal physical examination (PE). It spontaneously recovered without any specific treatment. **Case:** A 58-year-old man was admitted for 3 weeks of intermittent abdominal pain and nausea. The patient has been taking a rosuvastatin for hyperlipidemia, but is otherwise healthy. On the day of admission, the vital signs were stable, and he was alert, with normal breath and heart sound. Abdominal PE revealed no signs of trauma but there was a direct tenderness in right upper quadrant without a rebound tenderness. Peripheral blood test (WBC 6,970/mm<sup>3</sup>, Hb 15.9 g/dL, Plt. 141,000/mm<sup>3</sup>) and other labs (PT 11.8 sec., PT INR 1.07, aPTT 29.7 sec., immunoserologic tests, factor VIII and IX assay, urinalysis) were unremarkable except hsCRP 2.27 mg/dL, ESR 38 mm/hr, and increased C4 value (60 mg/dL). Chest and abdominal x-rays were unremarkable. EGD findings were unremarkable in the esophagus and the stomach, but multiple bleeding ulcers were found in the duodenum [Fig. 1-2]. Abdominal CT revealed a hematoma (36 mm) in the 2nd portion of the duodenum [Fig. 3]. Based on the above findings, diagnosis of idiopathic intramural duodenal hematoma was made. There was clinical and EGD signs of improvement after 5 days of conservative management [Fig. 4-5], thus the patient was allowed to start a diet then was discharged from the hospital after 10 days. A follow-up abdominal CT that was performed 45 days after diagnosis revealed no hematoma [Fig. 6]. The patient showed no further symptoms or complications and is currently being followed-up at the outpatient department.

