Case Report **General Surgery**

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IDIOPATHIC GASTRIC SUBSEROSAL HEMATOMA – A CASE REPORT

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ABSTRACT

Subserosal hematoma of the gastrointestinal tract[1] is an uncommon occurrence.Hematoma of the gastric wall is very rare, and has been described most commonly in association with coagulopathy[2,3,4,] ,peptic ulcer disease, trauma, and amyloidassociated[5]microaneurysms. A case of gastric subserosal hematoma, secondary to idiopathic cause, requiring surgical intervention is presented.

KEY WORDS:Gastric hematoma, subserosal, idiopathic, coagulopathy associated

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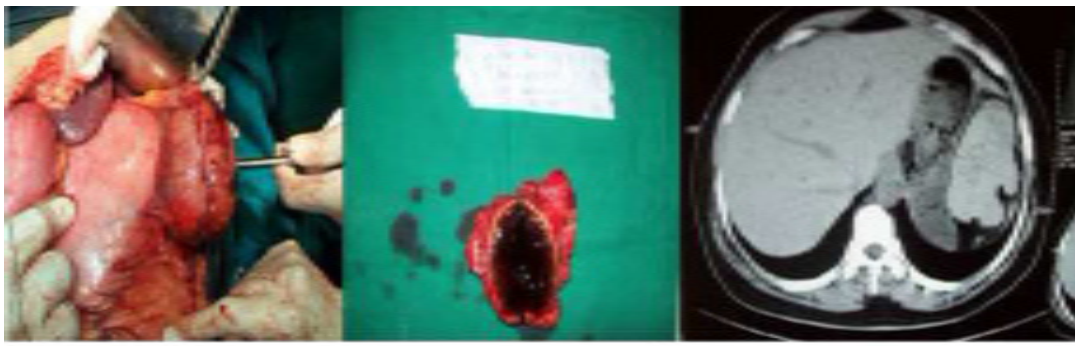
INTRODUCTION

Gastric subserosal hematoma is an uncommon disorder. Most of these disorder occurred either as a result of endoscopic therapy , or any coagulapathy disorder or followingpeptic ulcer disease sequalae or trauma. Hematoma of the stomach wall is rare, and only a fewcase reports describe this condition. A case of gastric wall hematoma due to idiopathic cause,treated surgically is presented.

CASE REPORT

A 54yr old female presented to our general surgical clinic with complaints ofabdominal discomfort, pain [6]on & off for past 5 months, with no history of GI bleed,trauma or on any medications or treatment All haematological investigation done were within normal limits. Ultrasonogram of abdomen also showed mixed echogenic mass lesion along the greater curvature of the stomach. On further investigation with CT abdomen revealed well definedlobulated hyperdense mass lesion indenting greater curvature of the stomach.Endoscopy of upper gastrointestinal tract showed no abnormality. Provisional clinicaldiagnosis of GIST was made and planned for diagnostic laproscopy. On laparoscopy hugeexophyticsubserosalgastricmass with no liver metastasiswas found. Laparotomy was performed and wedgeresection of mass with adequate margin done with primary closure of stomach. Post-operativeperiod was uneventful. Gross cut section of the excised specimen (fig) showed hematoma withthickened wall. Post operative histopathology report revealed normal gastric mucosa, submucosaand muscle layer. The serosa shows a large adherent hematoma with organisation and fibrosedexudative deposit.Extensive vascular and capillary endothelial proliferation seen.Post operativelypatient was followed till date with no recurrence.

Figure
(operative, specimen, CT scan pictures)



operative, specimen & CT scan picture

DISCUSSION

Although gastric wall hematoma has been described. Subserosal hematoma is extremely rare. So far only 33 cases have been reported. Submucosal or intramural haematoma[1] of the stomach is a well recognised complication of patients with clotting disorders[2,3,4,], particularly haemophiliacs, and also as a result of direct trauma during fibreopticendoscopy. However, there appear to be very few recorded cases of subserosalhaematomaoccurring idiopathically. In previous cases reported, many causes for gastric wall hematomawere found

1) Coagulopathy disorder
2) Anticoagulant therapy
3) Peptic ulcer disease

4) Endoscopic therapy
5) Focal pancreatitis
6) Idiopathic

with high incidence of hematoma occurring intramurally.There are various diagnostic modalities to investigate gastric hematoma. However ,ultrasound has poor discriminatory capacity for gastric hematomas, showing an anechoic orhypoechoic pattern that is nonspecific and can mimic gastrointestinal neoplasm[7] orinflammatory lesions. The CT scan is the current diagnostic procedure of choice forgastrointestinal-wall hematomas because it has the ability to precisely differentiate whether amass is solid or liquid. In 1982, Plojoux et al reported the use of CT scanning to diagnose intramural hematoma of the small bowel. They described gastrointestinal hematomas as wellcircumscribed high-density homogeneous masses. Unlike gastrointestinal neoplasms,gastrointestinal hematomas lack signs of calcification and infiltration into other organs.Angiography has also been used to diagnose gastric hematomas, although the primary reason forusing this modality was therapeutic rather than diagnostic. Gastric hematoma secondary tocoagulopathy disorder can be managed conservatively through blood and coagulation factorreplacement therapy. Four cases reported, with anticoagulation treatment were treatedconservatively with blood transfusion. Out of which, 2 cases required therapeutic transcatheterarterial embolization. A surgical approach has also been used in the management of gastrichematomas.The patient reported in our case was diagnosed with CT scan and managed surgically. Thepatient recovered fully with no reccurrence till date. In our patient, no cause for gastrichematoma was found .

CONCLUSION

Gastric hematoma is a rare disorder. CT of the abdomen is the diagnostic modality of choice.Gastric hematomas secondary to coagulopathy or peptic ulcer disease can usually be managedwith a conservative approach, and surgery should be reserved for hematomassecondary to structural abnormalities of either the gastric wall or gastric blood vessels.

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