

Spontaneous Hemoperitoneum

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KEYWORDS

- Spontaneous hemoperitoneum • Rupture • Angioembolization

KEY POINTS

- Spontaneous hemoperitoneum is a rare, but life-threatening condition usually caused by nontraumatic rupture of the liver, spleen, or abdominal vasculature with underlying pathology.
- Management revolves around angioembolization or surgical intervention.
- It is typically seen in anticoagulated or coagulopathic patients and may prove rapidly fatal, if not managed appropriately.

Spontaneous hemoperitoneum (SH) is a rare, but life-threatening condition that is defined as blood within the peritoneal cavity of nontraumatic etiology.^{1,2} Given the rarity of SH, its diagnosis is almost always unsuspected until the time of imaging, which is undertaken in patients who present with acute abdominal pain and/or distention and anemia. Implicit in making this diagnosis is a nontraumatic cause, and high quality imaging is of paramount importance in identifying the underlying cause.

SH most commonly arises from hepatic, splenic, vascular or gynecologic pathology (the latter will not be discussed here, as it is outside the scope of this text), and usually in anticoagulated or coagulopathic subjects (**Box 1**).^{3,4} It requires the emergent attention of the treating clinician, as it can prove rapidly fatal, even if managed appropriately. It typically presents with signs of acute intraperitoneal bleeding, namely abdominal pain and distention, tachycardia, and even hypotension and abdominal compartment syndrome in severe cases.

Imaging is essential in cases of nontraumatic hemoperitoneum in that it establishes the diagnosis of SH and helps identify its primary etiology. Although computed tomography (CT) is the most commonly used modality in patients with acute abdominal pain, ultrasound may be used when gynecologic conditions are considered, or, less commonly, if the patient is too unstable to be transferred to the CT suite and the treating clinician is attempting to grossly localize the hemorrhage. CT, however, is superior in that it can point to a specific organ as the source of the bleeding; detect active hemorrhage (active contrast extravasation or blush in contrasted studies); and provide information on how long ago the hemorrhagic episode took place (varying Hounsfield units of fresh, clotted, and lysed blood).^{2,5}

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Box 1**Nongynecologic causes of spontaneous hemoperitoneum**

1. Hepatic

Benign

Adenomas

Focal nodular hyperplasias

Hemangiomas

Infiltrative diseases (amyloidosis)

Malignant

Primary hepatocellular carcinoma

Metastatic disease

Angiosarcomas

Infiltrative diseases

Amyloidosis

2. Splenic

Infections

Cytomegalovirus

EBV

HIV

Malaria

Bartonella

Malignancies

Lymphomas

Leukemias

Angiosarcomas

Infiltrative diseases

Amyloidosis

Gaucher disease

3. Vascular

Arterial

Aneurysms

Pseudoaneurysms

Mycotic aneurysms

Dissection

Venous

Pelvic veins during labor

Abdominal varices

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