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International Journal of Surgery Case Reports

journal homepage: www.casereports.com

Idiopathic omental hemorrhage: A case report and review of the literature

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ARTICLE INFO

Article history:

Received 22 June 2016

Received in revised form 2 October 2016

Accepted 2 October 2016

Available online 4 October 2016

Keywords:

Idiopathic omental hemorrhage

Omentectomy

Laparotomy

Acute abdomen

ABSTRACT

INTRODUCTION: Omental hemorrhage results from rupture of the omental vessels. There are many causes of omental hemorrhage including trauma, aneurysm, and vasculitis. Idiopathic omental hemorrhage is a rare cause of an acute abdomen, which is potentially life-threatening. We report a patient with idiopathic omental hemorrhage, which may have been caused by overeating.

CASE PRESENTATION: A 29-year-old man without a history of trauma, bleeding disorders, or other significant medical history, presented with left upper quadrant pain, which began after overeating the previous evening. The pain worsened and he presented to the emergency department. On physical examination, his BP was 111/69 mmHg and pulse 71 and he reported tenderness and involuntary guarding in the left upper quadrant on palpation. Contrast enhanced computed tomography scan revealed intraperitoneal fluid collection with intra-omental extravasation. Significant intraperitoneal hemorrhage was suspected and emergency laparotomy was performed. On exploring the abdominal cavity, a hematoma was found in the greater omentum, adjacent to the right gastroepiploic artery. No active bleeding was seen, and partial omentectomy was performed. There were no obvious lesions suggestive of malignancy or aneurysm, supporting the diagnosis of idiopathic omental hemorrhage. On postoperative day six, the patient developed a wound dehiscence, which was surgically closed. The subsequent postoperative course was uneventful and he was discharged on fifth day after the second operation.

CONCLUSION: Idiopathic omental hemorrhage is a rare cause of an acute abdomen, which may develop after eating. Omentectomy is preferred to ligation or transcatheter arterial embolization to rule out an underlying malignancy or aneurysm.

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1. Introduction

Rupture of visceral arteries can lead to symptoms of an acute abdomen, which is potentially life-threatening. There are many causes of intraperitoneal hemorrhage including trauma, aneurysm [1,2], or vasculitis [3]. Most patients with rupture of visceral arteries have vascular diseases, such as hypertension [4] and arteriosclerosis. It is reported that weakness of the tunica media may lead to vascular rupture with an abrupt increase in pressure. However, the exact mechanism is still obscure [5]. We report a patient with idiopathic omental hemorrhage.

2. Presentation of case

A 29-year-old man came to the emergency department complaining of left upper quadrant pain after eating dumplings too much in the previous evening. He had no significant past medical histories. He also denied any trauma or bleeding disorders in the past. The symptom gradually worsened over the night and he came to the emergency department. On physical examination, his BP was 111/69 mmHg, pulse 71 and his abdomen was flat but rigid. There were tenderness and involuntary guarding in the left upper quadrant on palpation. Laboratory studies showed a hemoglobin level of 12.8 g/dl, white blood cell count of 10,600/ μ l, platelet count of 23.6×10^4 / μ l, international normalized ratio of prothrombin time of 1.25, activated partial thromboplastin time of 30.4 second and C-reactive protein level of 0.32 mg/dl. An enhanced abdominal computed tomography scan revealed a large intraperitoneal fluid collection in the left upper quadrant and extravasation adjacent to the stomach (Fig. 1 a,b). Significant intraperitoneal hemorrhage was suspected and laparotomy was performed urgently.

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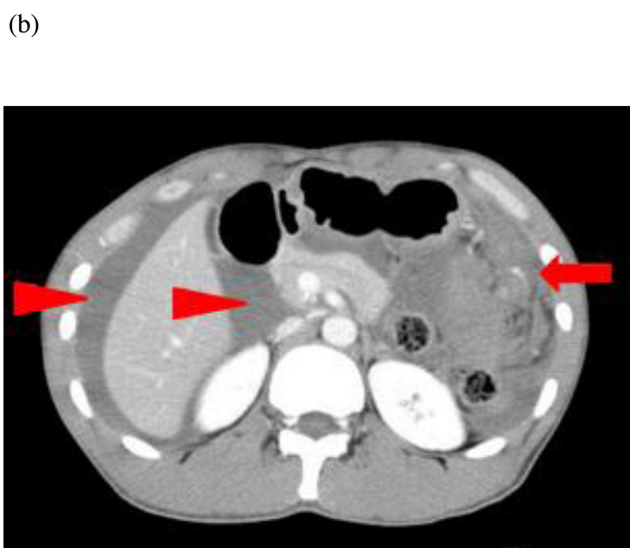


Fig. 1. ab. Preoperative enhanced abdominal computed tomography scan. A diffuse intraperitoneal fluid collection is shown (arrowhead). Extravasation near the stomach is in the left upper quadrant (arrow).

An upper midline incision was made, and on exploring the abdominal cavity, a large amount of intraperitoneal blood was found, with no active bleeding. There was a hematoma attached to the greater omentum around the right gastroepiploic artery (Fig. 2). We performed partial omentectomy including the right gastroepiploic vessels. There was no evidence of malignancy or aneurysm on palpation. Histopathologic examination of the resected omentum showed no abnormalities (Fig. 3). The diagnosis of idiopathic omental hemorrhage was confirmed.

On postoperative day six, a wound dehiscence was found, which was repaired surgically. The remainder of the postoperative course was uneventful, and he was discharged on the fifth day after the closure of the dehiscence.

3. Discussion

Omental hemorrhage can be associated with trauma, malignancy [6], omental torsion [7], aneurysm, vasculitis, varix, or

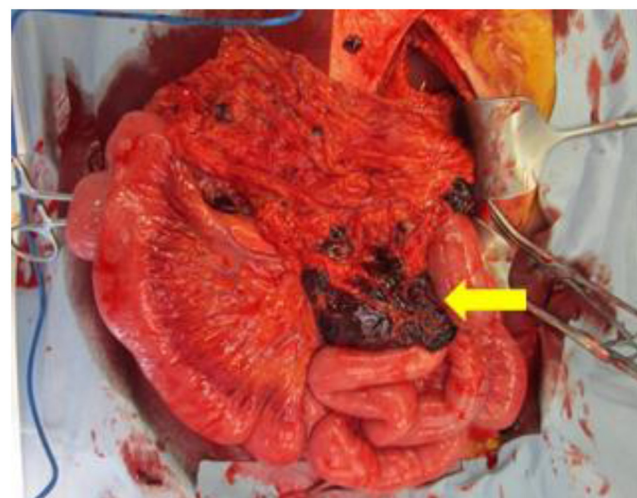


Fig. 2. Intraoperative findings. A large amount of intraperitoneal blood was found. The hematoma was attached to the greater omentum at the site of the right gastroepiploic artery.



Fig. 3. Macroscopic findings. The resected greater omentum shows evidence of gross bleeding.

anticoagulant therapy [8]. However, there are few reports of idiopathic omental hemorrhage [5,9–11]. In the present patient, there is no history of trauma, coagulopathy, or comorbidities. Pathological examination of the specimen revealed hemorrhage, but there was no evidence of thrombosis, vasculitis, or malignancy.

The age for occurrence of idiopathic omental hemorrhage ranges widely from children to octogenarians. It occurs more frequently in men than in women [5,9,10,12–15]. Omental hemorrhage generally presents with epigastric pain and occasionally involves other abdominal symptoms such as nausea, vomiting or diarrhea. Ultrasonography, computed tomography scan, and paracentesis may be useful to establish the diagnosis [15]. However, omental hemorrhage is rare and the patient's condition is often unstable. Emergency operation is required for definitive diagnosis and treatment [1,15]. One patient was reported with rebleeding after non-operative management, so definitive treatment may be preferred in many patients [15]. Definitive treatment has been described using transcatheter arterial embolization [16], laparotomy or laparoscopy with omentectomy or simple ligation of the artery. In recent years, minimally invasive interventions, such as transcatheter arterial embolization or laparoscopic surgery, have been used more often [5,12,16].

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