

[ PICTURES IN CLINICAL MEDICINE ]

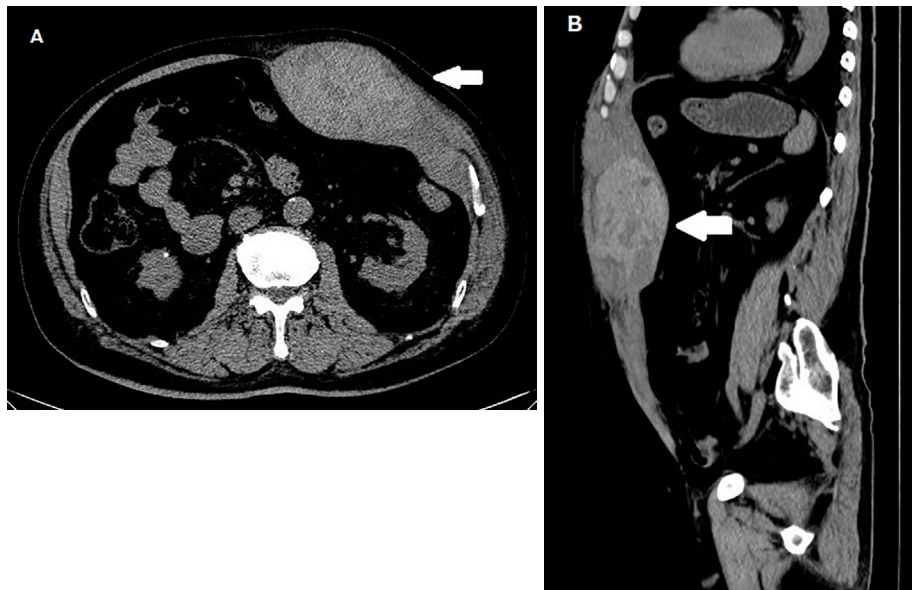
## Spontaneous Giant Abdominal Wall Hematoma

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**Key words:** abdominal hematoma, spontaneous, cough

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**Picture.**

A 78-year-old man presented to the hospital complaining of a cough lasting 3 days, sudden epigastric pain and abdominal distention. He had a medical history of hypertension. A physical examination revealed tenderness with bulging of the epigastric region. Laboratory studies showed a white-cell count of 10,200/ $\mu$ L, hemoglobin level of 13.0 g/dL, platelet count of 224,000/ $\mu$ L, prothrombin time of 11.9 seconds, activated partial thromboplastin time of 28.9 seconds and mild renal dysfunction. Computed tomography showed a 10×12-cm hematoma around the left rectal abdominal muscle in the umbilical region outside of peritoneum (Picture). The patient was treated with bed rest, and no further hematoma was observed. The cause of the cough was diagnosed as acute bronchitis, and he was treated with a bronchodilator. His subsequent course was uneventful, and he was discharged on the sixth day of hospitalization. Most abdominal wall hematomas are caused by a history of trauma or laparotomy, anticoagulant therapy or hematologi-

cal disease and rarely occur in patients without these histories (1). In the present case, the increase in abdominal pressure due to repeated cough seemed to have damaged the abdominal wall blood vessels, resulting in the formation of a hematoma. For the treatment of hematomas, conservative treatment is usual if the hemodynamics are stable, but embolization or surgery is indicated in cases with deterioration of circulation due to rapid growth (2).

**The authors state that they have no Conflict of Interest (COI).**

### References

1. Colakoglu MK, Ozdemir A, Kalcan S, Demir A, Demiral G, Pergel A. Spontaneous abdomen and abdominal wall hematomas due to anticoagulant/ antiplatelet use: Surgeons' perspective in a single center. *Ulus Trauma Acil Cerrahi Derg* **26**: 50-54, 2020.
2. Hatjipetrou A, Anyfantakis D, Kastanakis M. Rectus sheath hematoma: a review of the literature. *Int J Surg* **13**: 267-271, 2015.

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