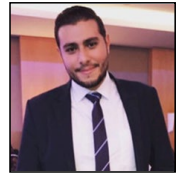


Spontaneous retroperitoneal haematoma resulting in bowel ischaemia

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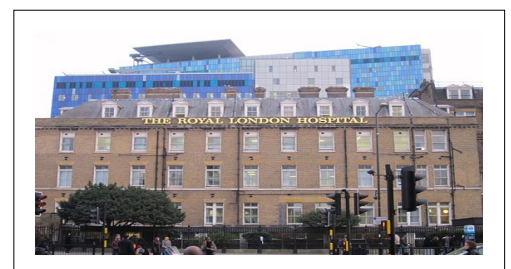


Abstract

A 69-year-old man presented to the emergency department with sudden onset abdominal pain. He was hypotensive and tachycardic with a peritonitic abdomen. On admission, the patient had been taking clopidogrel, a known cause of spontaneous retroperitoneal haematoma. An initial computed tomography of the abdomen showed a mass in the pelvis, which was thought to most likely be a gastrointestinal stromal tumour arising from the sigmoid colon. Explorative surgery identified a retroperitoneal haematoma of the rectosigmoid region. There was no evidence of bowel perforation. Hence a washout and closure was performed. Five days following an initial improvement, the patient developed symptoms of peritonitis. A second operation revealed that the rectum had become necrotic and perforated with free faces. The ischaemia was caused by the retroperitoneal haematoma restricting the blood supply to this part of the upper rectum.

Biography

Mohamad graduated from the University of Nottingham with a degree in Medicine in 2016. Since then he has worked in numerous Medical and Surgical specialties and is currently a Surgical Trainee in London. To date he has tailored his professional development in order to deliver medical care in Middle and Low Income Countries. He regularly attends courses and conferences on this subject and has spent time working in Johannesburg, South Africa, in the World's largest and busiest trauma center in order to gain experience and increase his exposure to working in low resourced and hostile environments.



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