Anticoagulant-induced intramural haematoma of the caecum mimicking a colonic tumour

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Abstract
Spontaneous haematoma in the intestine wall may occur. We describe a rare case.

A problematic surgical consequence of anticoagulation therapy is bleeding involving the gastrointestinal (GI) tract. Spontaneous anti-coagulant induced haematoma (AIH) rarely occurs in the large bowel with few previous cases being reported.

We present a case which mimicked a colonic tumour.

Case report
A 52-year-old French woman presented to Christchurch Public Hospital with a 1-day history of cramping abdominal pain and three episodes of rectal bleeding. She denied previous symptoms of gastrointestinal bleeding or malignancy, and had no family history of bowel cancer. Her regular medications included the anticoagulant Previscan (vitamin K antagonist) for a mitral valve replacement following rheumatic heart disease.

On examination she was haemodynamically stable and her abdomen was soft with a palpable mass in the right lower quadrant. Rigid sigmoidoscopy confirmed haematochezia.

Blood tests on admission revealed a normal haemoglobin level, although her prothrombin ratio was elevated at 5.1. Computed tomography (CT) of the abdomen was performed due to presence of a palpable mass, and this showed an abnormal caecum (Figure 1).

Subsequent colonoscopy identified blood in the colon and a firm mass in the caecal wall that looked typical of a bleeding tumour to the experienced endoscopist (Figure 2). The lesion was biopsied but before histology was available the patient experienced further episodes of rectal bleeding and light-headedness, became hypotensive (blood pressure 81/54 mmHg) and profoundly anaemic (Hb 68g/L), and thus was taken to the operating theatre.
Figure 1. CT scan showing a heterogenous caecal mass, arrowed (caecal wall thickened and fat stranding inferomedially)

Figure 2. Caecal mass on colonoscopy with biopsy in process

At laparotomy the caecal mass had a “spongy” feel to it, with no regional lymphadenopathy. A standard oncological right hemicolecctomy was performed.
Pathologists reported a 60×45×35mm polypoid mass arising in the medial wall of the caecum, partly involving the ileocaecal valve and protruding into the caecal lumen. There were adjacent areas of haemorrhage visible.

On opening the mass it was found to comprise blood clot only. Histological examination identified no neoplasia within the mass or regional lymph nodes.

**Discussion**

Spontaneous intramural intestinal haematoma is a rare occurrence. AIH of the small intestine occurs in 1:2500 anticoagulated patients per year according to one report, but a 1977 review found only 4/98 patients who developed AIH did so in the large bowel, with the remainder bar one being in the small bowel. Since then at least seven further cases have been reported in the English language literature including three located in the rectum, one in the ileocaecal valve, one the entire length of the colon, and two in the caecum.

In addition to these cases there have been reports of caecal haematoma as a post-operative complication of abdominal surgery and the result of blunt abdominal trauma.

Previously described cases of AIH presented with intestinal obstruction, rectal bleeding and/or abdominal pain. Management included conservative cares, simple drainage, radiological and operative approaches. All cases require consideration of risks versus benefits prior to reinstitution of anticoagulation.

A conservative approach was not possible in this case given ongoing blood loss and haemodynamic instability. Simple drainage or radiological embolisation was also not possible due to the site of the haematoma and uncertainty of diagnosis.

There is often considerable difficulty in diagnosing colonic haematomas despite a high index of clinical suspicion; CT and colonoscopy were unable to distinguish haematoma from neoplasm in this case.

If the patient is stable, colonoscopic biopsy may differentiate between haematoma and neoplasm when diagnosis is unclear. Although rare, it is reasonable that surgeons consider AIH as a differential diagnosis for a colonic mass in patients on anticoagulants.

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**References:**


