Rectus Sheath Hematoma

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Picture 1. Computed tomography showed a round and high density mass (70×45 mm) (arrow) in the rectus sheath. No intra-abdominal pathologic findings were identified.

An 81-year-old man taking warfarin for aortic valve re-

placement and atrial fibrillation complained of sudden abdominal pain. Physical examination revealed a tender mass, and computed tomography showed a round and high density mass (70×45 mm) in the rectus sheath (Picture 1, arrow). No intra-abdominal pathologic findings were identified. The hemoglobin level was decreased from 9.1 g/dL to 7.7 g/dL, and the prothrombin time was 39.7 seconds (international normalized ratio, 3.47). The creatine kinase was increased at 1,537 IU/L. He was diagnosed with rectus sheath hematoma, and anticoagulant treatment was discontinued. His symptom disappeared the following day, and rectus sheath hematoma was spontaneously resolved.

Clinicians should recognize that rectus sheath hematoma is one of etiologies of sudden abdominal pain, especially in patients receiving anticoagulant treatment (1). Magnetic resonance imaging is another useful method in the diagnosis of rectus sheath hematoma (2).

References

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