Spontaneous Huge Hematoma in the Abdominal Wall after Lenalidomide

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A 50-year-old woman received low dose lenalidomide for palliative treatment of advanced IgG myeloma. Despite a long and convoluted treatment history including second courses of autologous peripheral blood stem cell transplantation, bortezomib and thalidomide, the patient responded well to 2 courses of lenalidomide therapy, but developed severe thrombocytopenia. Therefore, lenalidomide treatment was temporally discontinued and the patient was given a platelet transfusion to maintain more than 20,000/μL. However, the patient suddenly developed severe left lower quadrant abdominal pain; physical findings and abdominal X-ray (Picture 1A) initially suggested strangulating intestinal obstruction, but subsequently abdominal CT disclosed a huge hematoma in the abdominal wall (Picture 1B, arrow), which permitted us to perform conservative management without surgical intervention. Spontaneous hematoma must be suspected in patients with advanced myeloma who are using lenalidomide and may present with acute abdominal pain.

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