Spontaneous Intramural Hematoma of the Small Intestine

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Key words: spontaneous intramural hematoma, warfarin, rodenticide

(A Intern Med 53: 2647, 2014)
(DOI: 10.2169/internalmedicine.53.3306)

A 51-year-old woman presented to our emergency department with persistent abdominal pain. She reported having ingested rodenticide two weeks earlier and had a history of major depressive disorder with a prior suicide attempt. A physical examination revealed a distended and diffusely tender abdomen with decreased bowel sounds. The laboratory data were significant for a prothrombin (PT) and partial thromboplastin (PTT) time of >100 seconds each. Computed tomography (CT) showed circumferential thickening, luminal narrowing and intramural hyperdensity of the ileal wall (Picture 1, 2). Based on these findings, the patient was diagnosed with a spontaneous intramural hematoma of the small intestine. She recovered after three days of conservative management.

Spontaneous intramural hematoma of the small intestine is a rare clinical entity, with warfarin-related over-anticoagulation being the most common etiology (1). Anti-coagulant rodenticides are superwarfarins (brodifacoum, difenacoum, bromindolone and chlorophacinone), meaning that they function similar to warfarin but with higher potency and a longer duration of action. Abdominal CT is therefore a key diagnostic tool for identifying this condition and avoiding unnecessary surgery.

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

Reference