

Acute colonic intramural hematoma: a rare complication of colonoscopy

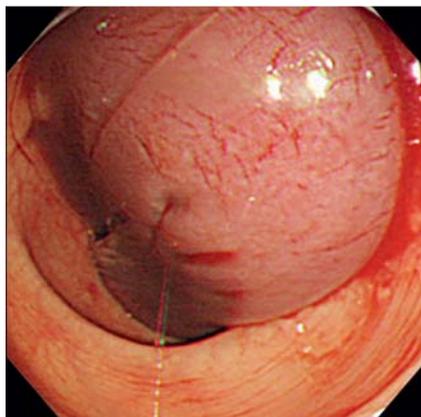


Fig. 1 Endoscopic image showing a hematoma in the sigmoid colon detected on withdrawal of the colonoscope after diagnostic colonoscopy following a positive fecal occult blood test in a 74-year-old man.

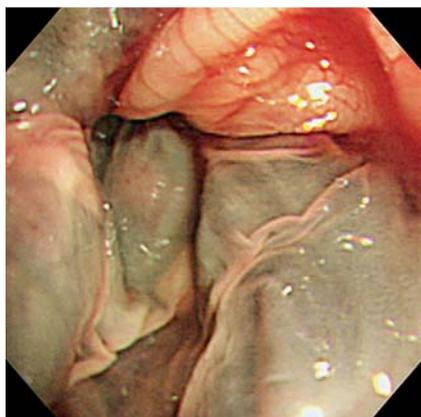


Fig. 3 Endoscopic image showing disappearance of the colonic hematoma 3 days later.

A 74-year-old man with a medical history of chronic renal failure and congestive heart failure underwent diagnostic colonoscopy following a positive fecal occult blood test. He was given oral antiplatelet medications including aspirin (100 mg/day) and sarpogrelate hydrochloride (100 mg/day), which were stopped 5 days before colonoscopy. During the procedure, difficulty was encountered in reaching the ileocecal valve because of a redundant tortuous sigmoid colon, and the procedure took approximately 1 hour.



Fig. 2 Abdominal computed tomography after colonoscopy, showing a hyperdense mass in the sigmoid colon.

On withdrawal of the colonoscope, a bright-red, hyperemic, elevated mass with some oozing blood was identified in the sigmoid colon, although no abnormalities had been detected on insertion. The colonic lumen was occupied by the mass, the surface of which was smooth and covered with normal colonic mucosa (Fig. 1). Urgent abdominal computed tomography (CT) showed a soft tissue mass of the sigmoid colon with a density suggesting blood (Fig. 2). There was no evidence of free air. On the basis of these findings, a diagnosis of colonic intramural hematoma was made. As the patient's condition was stable, he was treated conservatively with observation. Three days later, follow-up colonoscopy showed that the hematoma had ruptured and disappeared, having reverted spontaneously back to flat mucosa (Fig. 3). The patient was discharged home 5 days later free of symptoms. Colonoscopy is a relatively safe procedure, and the most common complications such as bleeding and perforation are rare [1]. In our patient, excessive intraluminal pressure on the sigmoid colon caused by insertion of the colonoscope may have led to injury of intramural vessels.

Colonic intramural hematoma is an extremely rare complication of diagnostic colonoscopy and has been described in only two cases [2,3], both of which were detected by CT within the first 12 hours after colonoscopy. To the best of our knowledge, ours is the first case diagnosed as colonic intramural hematoma during colonoscopy.

Endoscopy_UCTN_Code_CPL_1AJ_2AB

Competing interests: None

Masaki Katsurahara¹, Noriyuki Horiki¹, Takashi Kitade¹, Yasuhiko Hamada¹, Kyosuke Tanaka¹, Hiroyuki Inoue², Norihiko Yamamoto², Yoshiyuki Takei²

¹ Department of Endoscopic Medicine, Mie University Graduate School of Medicine, Tsu, Mie, Japan

² Department of Gastroenterology and Hepatology, Mie University Graduate School of Medicine, Tsu, Mie, Japan

References

- 1 *Rabeneck L, Paszat LF, Hilsden RJ* et al. Bleeding and perforation after outpatient colonoscopy and their risk factors in usual clinical practice. *Gastroenterology* 2008; 135: 1899–1906
- 2 *Gallo D, Tebrock C, Rivera D* et al. Intramural cecal hematoma: an unusual complication of colonoscopy. *Gastrointest Endosc* 2003; 57: 254–257
- 3 *Jongwutiwes U, Shaukat A, Pocha C* et al. Image of the month: Intramural cecal hematoma: a rare complication after colonoscopy. *Clin Gastroenterol Hepatol* 2009; 7: A32

Bibliography

DOI <http://dx.doi.org/10.1055/s-0034-1365108>
Endoscopy 2014; 46: E180–E181
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author

Masaki Katsurahara, MD, PhD
Department of Endoscopic Medicine
Mie University Graduate School of Medicine
2-174 Edobashi
Tsu, Mie
Japan
Fax: +81-59-2315223
mkatuura@clin.medic.mie-u.ac.jp