Intramural duodenal hematoma (IDH) is a rare complication after small-bowel endoscopic biopsy; it occurs mainly in children with impaired coagulation [1–5]. We report the case of a 13-year-old girl with no relevant medical history who was complaining of abdominal tenderness and failure to thrive and underwent a diagnostic esophagogastroduodenoscopy (EGD) with duodenal biopsies (▶Fig. 1). After 24 hours, she presented with nonbloody, nonbilious vomiting, and diffuse and intense abdominal pain. Abdominal ultrasound and a contrast-enhanced computed tomography scan revealed an asymmetric thickening of the duodenal wall measuring 80 × 50 mm, suggestive of an IDH (▶Fig. 2). Laboratory testing showed that she had previously unknown platelet dysfunction. Only at this time did the family reveal details of an episode of hemarthrosis after minor trauma that they had previously omitted to mention.

The patient was treated with total parenteral nutrition, systemic antibiotics, proton pump inhibitors, and nasogastric tube suction. On day 11, a repeat EGD showed a large IDH bulging into the duodenum (▶Fig. 3a; Video 1). An unsuccessful attempt to pass the obstruction with an 8-mm instrument over a guidewire (▶Fig. 3b) was made. A 5-mm endoscope (SN143POK241; Fujifilm) was however successfully passed through the narrowed lumen at the stenosis, which allowed us to check that the ampulla of Vater was not compressed (▶Fig. 3c). After this maneuver, the duodenal lumen appeared patent, with an improvement in the degree of obstruction.

On the 15th postoperative day, the nasogastric tube was removed. The day after its removal, the patient tolerated oral feeding, which was then gradually increased. An ultrasound scan on day 25 showed near-complete resolution of the hematoma and the patient was discharged. Full resorption of the IDH was confirmed on follow-up ultrasound 1 month later.

IDH is a very rare complication after endoscopic biopsies, especially in the pediatric population. Its treatment is still debated, but conservative management should be considered the first choice. Furthermore, an accurate anamnesis is fundamental in the diagnostic assess-
ment in order to prevent serious complications, such as the one described here.

Endoscopy_UCTN_Code_TTT_1AO_2AB

Competing interests

The authors declare that they have no conflict of interest.

The authors

Paolo Cocco1, Enrico La Pergola1, Cosimo Bleve1, Lorenzo Costa1, Alessandro Brandolese2, Nicola Schiavone1, Salvatore Fabio Chiarenza1
1 Department of Pediatric Surgery and Pediatric Minimally Invasive Surgery and New Technologies, San Bortolo Hospital, Vicenza, Italy
2 Gastroenterology and Digestive Endoscopy Unit, San Bortolo Hospital, Vicenza, Italy

Corresponding author

Paolo Cocco, MD
Department of Pediatric Surgery and Pediatric Minimally Invasive Surgery and New Technologies, San Bortolo Hospital, Vicenza, Italy
paolococcomed@gmail.com

References


Bibliography

Endoscopy
DOI 10.1055/a-1838-4386
ISSN 0013-726X
published online 2022
© 2022. The Author(s).
This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/)
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos

Cocco Paolo et al. Intramural duodenal hematoma: ... Endoscopy | © 2022. The Author(s).