Hematoperitoneum after small-bowel spiral enteroscopy

Advances in endoscopy including spiral enteroscopy [1] have transformed the management of small-bowel diseases, and published data have demonstrated this to be a safe procedure [2 - 8]. We report the first case, related to spiral enteroscopy, of hematoperitoneum in a 62-year-old woman.

Our patient presented to the emergency room with a 3-day history of melena. Her past medical history was significant for obscure gastrointestinal bleeding, and left nephrectomy. Given the previous extensive negative workup for obscure gastrointestinal bleeding, spiral enteroscopy was carried out. This showed nonbleeding angiectasias in the proximal and mid-jejunum, which were treated with argon plasma coagulation. Within a few hours the patient developed severe abdominal pain that radiated to her shoulders, and was noted to be tachycardic and hypotensive. Abdominal and pelvic computed tomography (CT) showed fluid in the abdomen and pelvis in a 62-year-old woman with a 3-day history of melena. Hyperdense fluid adjacent to the liver (red arrows) can be seen. There is no free air.

Fig. 1 Axial computed tomography (CT) of abdomen and pelvis in a 62-year-old woman with a 3-day history of melena. Hyperdense fluid adjacent to the liver (red arrows) can be seen. There is no free air.

References


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