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.

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.

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.

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
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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
mkatura@clin.medic.mie-u.ac.jp