

## Case Diagnosis

- 53-year-old female with spontaneous retroperitoneal hematoma.

## Case Description

- During weekend coverage and two days into patient's admission to Inpatient Rehabilitation (IPR) following an acute hospital stay for cardiac arrest, patient developed acute-onset abdominal pain and non-bloody emesis.
- Patient has a history of hepatitis C and alcoholic cirrhosis that posed no issue during the acute hospital stay.
- On examination, patient appeared fatigued, and abdomen was mildly tender in the left upper quadrant.
- She gradually developed tachycardia and hypotension.
- Labs noted a hemoglobin of 4.8.
- Intravenous fluids and 2 units of blood were administered, and patient was transferred to the intensive care unit for further management.
- Computed tomography angiography (CTA) noted a left retroperitoneal hematoma.
- Patient had no recent procedures, no recent trauma, and prior abdominal imaging was normal, suggesting etiology of hematoma being spontaneous.

## Discussion

- Spontaneous retroperitoneal bleeding is a rare and life-threatening condition, with a high degree of morbidity and mortality.
- It occurs outside of trauma or iatrogenic manipulation and has been associated with coagulopathy and malignancy.
- It can be difficult to diagnose secondary to distensibility of abdominal cavity and non-specific symptoms.
- Classic presentation is described by Lenk's triad (acute flank pain, abdominal tenderness, and signs of hypovolemia/shock), however this is not always apparent.
- Computed tomography of the abdomen and pelvis is gold standard for diagnoses.
- This patient had a history of cirrhosis and likely coagulopathy, increasing her risk of spontaneous bleeding especially in the setting of increased therapies in IPR.
- Abdominal pain with emesis is nonspecific however more urgent medical issues should not be missed.

## Conclusion

- Spontaneous retroperitoneal bleeding is a rare phenomenon with a high degree of morbidity and mortality that can present with nonspecific complaints.
- It is important to ensure that resident education includes simulation of medical emergencies, especially in the setting of more limited physician-to-patient ratios on weekend coverage.

## Figure

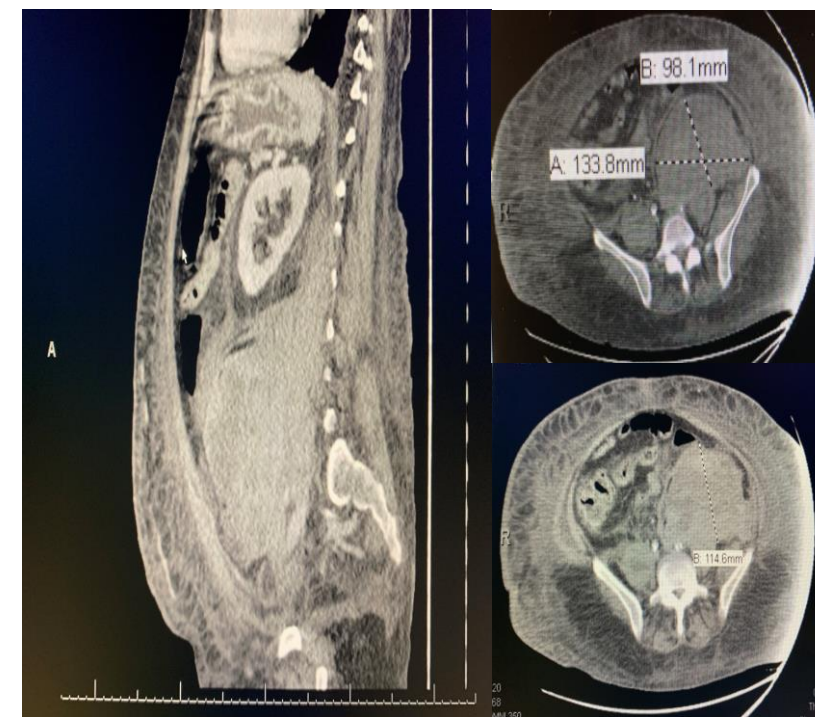


Figure: CTA abdomen and pelvis with contrast illustrating a large acute left retroperitoneal hematoma on sagittal and axial views.

## References

- <https://www.uptodate.com/contents/spontaneous-retroperitoneal-hematoma-and-rectus-sheath-hematoma>
- <https://www.ncbi.nlm.nih.gov/books/NBK558928/>
- <https://www.hindawi.com/journals/criem/2018/4397893/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3192510/>

