Letters to the Editor

Spontaneous intramural gastric haematoma in an anticoagulated patient

Key words: Gastric hematoma. Acenocoumarol.

Dear Editor,

We report a case of a 77-year-old woman presented to the Emergency Unit with a history of several hours of epigastric pain accompanied by nausea and vomiting. She had a past medical history of rheumatic mitral valve disease with commissurotomy in 1982 and permanent atrial fibrillation, currently on anticoagulation therapy with acenocoumarol. On admission, the patient was in atrial fibrillation at 50 beats per minute and her blood pressure was 90/55 mmHg. Laboratory tests showed haemoglobin 10.2 g/dL, INR 2.31 and markers of myocardial damage were normal. A computed tomography (CT) of the chest and abdomen was performed, revealing the presence of a large intramural haematoma located on the greater curvature and posterior wall of the stomach, measuring 13 x 10 x 6 cm, accompanied by haemoperitoneum (Fig. 1). Vitamin K and prothrombin complex were given to reverse the anticoagulant therapy with a good result, and the patient did not require blood transfusion.

Discussion

Gastric wall haematoma is a very rare entity, usually associated with coagulopathy, ulcer, trauma or amyloid angiopathy. CT is the investigation of choice for the diagnosis of gastro-intestinal wall haematoma, and angiography may play a role at a therapeutic level. Only one of the five cases of gastric haematoma associated with anticoagulant therapy published in the literature (1-5) required arterial embolization due to angiographic evidence of active bleed-

Fig. 1. Large intramural haematoma located on the greater curvature and posterior wall of the stomach, accompanied by haemoperitoneum.

ing (2). Conservative management is more common, with blood transfusion and anticoagulation reversal.

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