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A Spontaneous Iliopsoas Hematoma: A Rare Problem

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ABSTRACT

Iliopsoas hematoma is a rare problem and potentially life-threatening disease. 62-year-old female patient with no medical or surgical history, who did not receive any antiplatelets or anticoagulant treatment in the past, presented to the emergency department with symptoms asthenia, pain in the right inferior member which she maintained flexed and impossibility of standing on the right foot. It is an uncommon entity with no specific signs especially in patients with no history, its diagnosis is challenging, and its early detection is a must in order to establish the right curative management.

KEYWORDS

Iliopsoas hematoma; Anticoagulant treatment; Antiplatelets; Asthenia

INTRODUCTION

Iliopsoas hematoma is a rare problem and potentially life-threatening disease [1]. It occurs generally in patients submitted to anticoagulant treatment or patients with hemophilia [1,2]. Its diagnosis is challenging in the absence of an orienting cause such as retroperitoneal traumatism.

We hereby present the case of a spontaneous iliopsoas hematoma in 62-year-old patient with no medical history.

CASE REPORT

A 62-year-old female patient with no medical or surgical history, who did not receive any antiplatelets or anticoagulant treatment in the past, presented to the emergency department with symptoms asthenia, pain in the right inferior member which she maintained flexed and impossibility of standing on the right foot.

History showed no events of traumatism or minor concussion, symptoms appeared spontaneously and acutely after carrying a heavy object. Physical examination showed an accelerated heart rate at 110 cycles per minute, an accelerated respiratory rate at 22 cycles per minute and a paleness. Blood pressure was stable at 110/68 mmHg. Abdominal examination showed no abnormality besides a lumbar mass of 10 centimeters causing an irreducible leg flexion. Cardiac examination showed no signs of heart failure.

The biology screening showed an acute anemia with a hemoglobin rate at 4 g/dL and hematocrit levels at 11.5%. Blood type was O positive, and biology didn't show other abnormalities besides creatinine levels at 102 µmol/L

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linked to the blood loss. An emergency computed tomography scan without intravenous injection of iodine was performed objectifying a retroperitoneal collection spontaneously hyperdense centered on the iliopsoas muscle measuring 12 cm × 12 cm and a dilation of the excretive cavities.

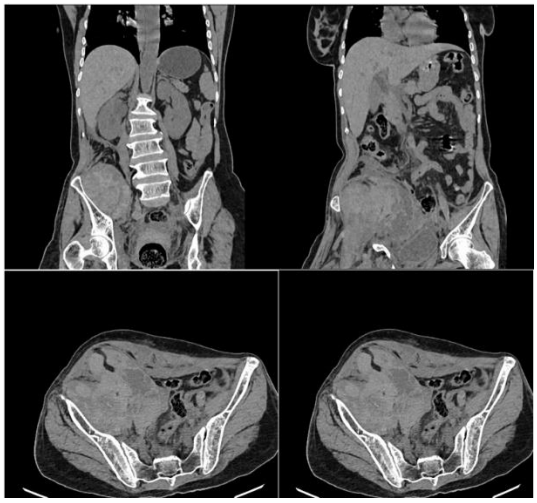

Figure 1: CT scan findings of right retroperitoneal collection of 12 cm × 12 cm × 11 cm mostly hyperdense on the iliopsoas muscle extended to the retroperitoneal fat which are infiltrated.

The patient had blood and plasma transfusion with a poor rate of return (8 g/dL of hemoglobin after 18 units of packed red-blood cells and 10 units of plasma). Seen the blood pressure stability, the patient was transferred to a university hospital to perform an eventual embolization.

An angio-CT scan showed a large hematoma with no signs of active bleeding along with a dilation of the excretive duct due to a compression by the iliopsoas hematoma. We decided to opt for a surveillance and to treat the dilation of the excretive ducts with a double pigtail stent.

The patient was discharged after progressive regain in the leg function assisted by kinesitherapy.

DISCUSSION

Spontaneous iliopsoas hematoma is a rare condition, its prevalence is estimated between 0.6 and 6.6% [3]. Therefore, this entity suffers from the lack of studies. The retrospective bicentric study by Artzner et al. [4] found a rate of 3.8 for every 1000 admissions in the ICU. Its physiopathology is unclear [4]. The main cause to this pathology finds in literature is coagulopathy caused by hemophilia or antithrombotic/anticoagulant treatment [1]. Other factors such as old age and high body mass index were found in ICU patients [4]. Clinical symptoms lack of specificity. The main presentation is an acute instalment of pain in the region of the femoral nerve with a hip flexion [2]. Our patient showed acute anemia signs due to important blood loss. Computed tomography scan is the most common imaging tool in the diagnosis of iliopsoas hematoma, despite MRI and ultrasound being the modalities of choice [1]. Treatment depends on the abundance of hemorrhage, hemodynamic stats and presence or not of neurological defect [1]. There is no consensus on the attitude between surgery or embolization to adopt towards an active bleeding [3]. In cases with mild symptoms a conservative treatment by bed rest, blood transfusion and eventually administration of antagonists of anticoagulant medics are sufficient [1]. Depending on the severity of clinical presentation and presence of active blood loss, modalities such as CT guided drainage, embolization, surgical evacuation can be proposed especially in the presence of severe neurological impact due to nerve compression [1,5].

CONCLUSION

Iliopsoas hematoma is a potentially life-threatening disease. Seen it is an uncommon entity with no specific signs especially in patients with no history, its diagnosis is challenging, and its early detection is a must to establish the right curative management.

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