Diagnostic and therapeutic Laparoscopy for Abdominal apoplexy: a case report

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Introduction

Abdominal apoplexy, otherwise known as intraperitoneal idiopathic spontaneous hemorrhage, is a rare but fatal condition. the diagnosis and identification of the bleeding sites continued to be a challenge. The aim of this study was to report this rare condition.

Case presentation

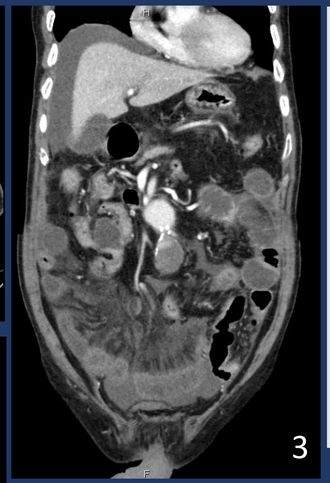
A 92-year-old male who presented to the emergency department with 2 days worsening abdominal colicky pain. He did mention abdominal pain for one week prior to the episode. The patient's medical history revealed well control hypertension. He also denies using of tobacco or drug abuse. Vital sign were blood pressure of 105/70mmHg, a pulse rate of 112 beats/min, and a body temperature of 37.5°c. On physical examination, his abdomen was distended with localized right lower quadrant tenderness. His complete blood count results were as follows: white blood cell count 23.2× 10^3cell/uL, hemoglobin 16.5 g/dL, and hematocrit 49%.

The patient received underwent abdominal CT, which demonstrate diffuse small bowel dilatation with segmental bowel wall thickening at ileum with adjacent intraperitoneal and mesenteric fat stranding at right lower abdomen with less enhancement distal branch of SMV. Moderate free fluid (intermediate density of 40-50 HU) throughout the abdomen also presented. (figure 1,2,3)

The patient was urgent taken to operation room for diagnostic laparoscopy to exclude SMV thrombosis with ischemic small bowel condition.

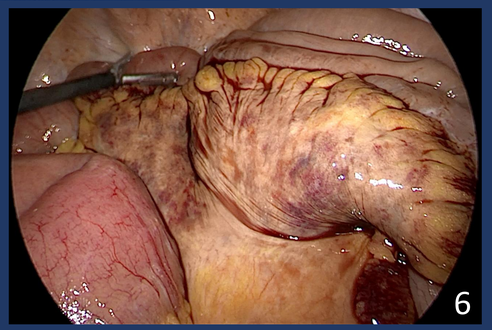

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The findings of the operation were approximately 1000cc of hemoperitoneum was found intraabdominal cavity .(figure 4) Mesenteric hematoma and haziness were also found at ileum with bleeding foci at this point. (figure 5,6,7) No other bleeding source was identified despite repeat inspection, including the lesser sac, pancreas, spleen, liver, and pelvis. The hemoperitoneum was removed via laparoscopic suction. Suture bleeding point was performed with Vicryl 3-0.

Discussion

Abdominal apoplexy is a fatal condition. Although the incidence of spontaneous hemoperitoneum is very low, delayed diagnosis can be deteriorated rapidly. Principle treatment of abdominal apoplexy is hemodynamically stabilizing the patient and then identify and control the bleeding source. This has typically been via emergency laparotomy. Surgical option includes simple ligation or resection of affected vessel. Our experience suggests the laparoscopic management for abdominal apoplexy is alternative minimal invasive treatment in selected patient that hemodynamic stable with precise the site of bleeding from pre-operative imaging.