A Surgical Surprise: A Case of an Idiopathic Mesenteric Hematoma

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Background

- Spontaneous mesenteric hematomas represent a rare diagnostic and clinical challenge
- Only 129 reported cases have been reported as of 2015. Several cases have been reported to masquerade as pancreatic masses, GIST tumors, and other intra-abdominal pathologies.
- Typical etiologies include arteriopathies, adverse effects of anticoagulation, and trauma.

History of Present Illness

"88-year-old male with a PMHx significant for HTN and HLD last colonoscopy WNL 9 years prior presented to the ED with acute onset suprapubic discomfort, constipation, and decreased UOP. Additionally, the patient endorsed subacute bilateral lower quadrantal abdominal present for 4 weeks. Patient underwent CT AP (Figure 1a and 1b), findings concerning for **carcinoid tumor**.

Patient was admitted for a biopsy of the mass by Interventional Radiology. CT-guided core needle biopsy demonstrated hypocellular smears with rare bland spindle cells and fibroadipose tissue fragments (Figure 2).

Patient was discharged and, soon after, readmitted for SOB and anxiety related to his ongoing diagnostic work-up. A **Diagnostic Laparoscopy** was planned during this admission.

Laboratory Studies

- CEA: 2.9
- CA19.9: 9
- AFP <19
- Chromogranin A: 169



Figure 1a. Axial CT A/P demonstrating 14.3 cm mesenteric mass with few central calcifications



Figure 1b. Axial CT A/P demonstrating associated sigmoid and rectal wall thickening



Figure 2. Axial CT A/P Core Needle Biopsy of the Mesenteric Mass. (Green Arrow denotes biopsy site)

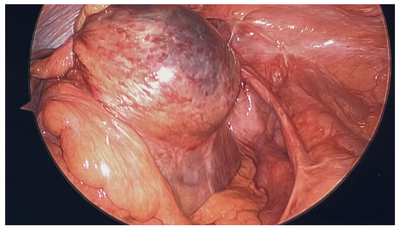


Figure 3. Intraoperative view of sigmoid mesocolon mass with appendices traveling through right inguinal defect

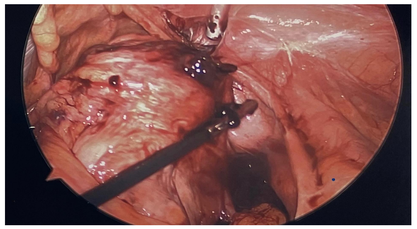


Figure 4. Intraoperative view of sigmoid mesocolon mass after drainage.

Operative Course

- A single 5-mm trocar was placed in the LUQ of the abdomen and pneumoperitoneum was achieved.
- An additional two 5-mm trocars were placed in a linear fashion to the left of the umbilicus along the mid-clavicular line.
- Using atraumatic bowel graspers, the bowel was mobilized to obtain a view of the sigmoid colon and the mesocolon mass was identified. (Figure 3)
- The mass was grossly identified as a hematoma and evacuated using a puncture needle.
- Approximately 50 cc of sanguineous fluid and clot were evacuated (Figure 4) and a wedge biopsy of the adjacent mesocolon tissue was sent for pathology

Post-Operative Course

- The Patient recovered unremarkably and discharged POD 2
- The surgical pathology report revealed fragments of an organized blood clot. The Patient was discharged without further oncologic evaluation

Discussion

Idiopathic Mesenteric Hematomas are a rare occurrence. Misdiagnosis may lead to unnecessary healthcare utilization, subjecting patients to inappropriate testing. Although rare, a history of mechanical trauma or risk factors such as therapeutic anticoagulation should prompt a work-up for a mesenteric hematoma in the setting of an incidentally identified abdominal mass.

This case underscores the limitations of advanced imaging such as CT and highlights the crucial role of minimally invasive surgical exploration and direct visualization for accurate diagnosis and management