Surgery

Retroperitoneal Haematoma-An Unusual Complication Following Percutaneous Transfemoral Coronary Angiography.

A 70 year old lady with unstable angina underwent percutaneous transfemoral coronary angiography, which revealed atherosclerotic triple vessel disease. However, two days after the procedure, the patient developed pain in the abdomen and abdominal distention and the bowel sounds were absent.

X-RAY ABDOMEN - Multiple dilated small bowel loops with air fluid levels were seen – which were suggestive of small bowel obstruction.

CT Abdomen – A retroperitoneal haematoma in the right posterior pararenal space and in the infrarenal space, extending into the pelvic retroperitoneal space which is adjacent to the external iliac vessels. Haematoma-17.3x7.5x 7.2cm.

Increased caliber of the fluid filled mid and distal jejunal loops, which shows wall enhancement with minimal interloop fluid seen, representing a localized form of ileus.

The complications of angiography are arrhythmias, vascular access complications, myocardial ischaemia, coronary dissection, haemodynamic collapse, cerebrovascular accident, inter or transmyocardial injection and allergy [1]. Retroperitoneal haematoma [RPH] is an unusual, but potentially serious complication after cardiac catheterization. The incidence of RPH is 0.74% [2]. RPH should be suspected in patients with hypotension, tachycardia, pallor, a rapidly falling haematocrit post catheterisation and lower abdominal pain or back pain [3]. The management of RPH is withholding anti-coagulation, blood transfusion and vascular surgical intervention. The mortality rate as a consequence of RPH is 4% [2].

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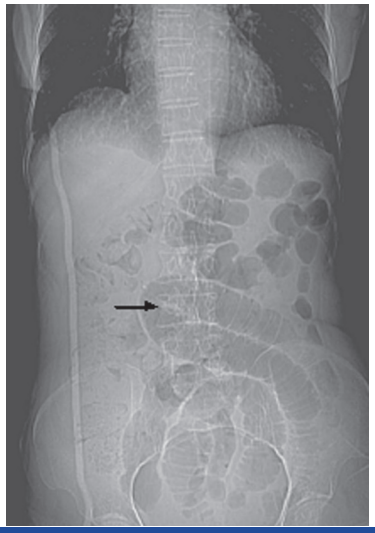
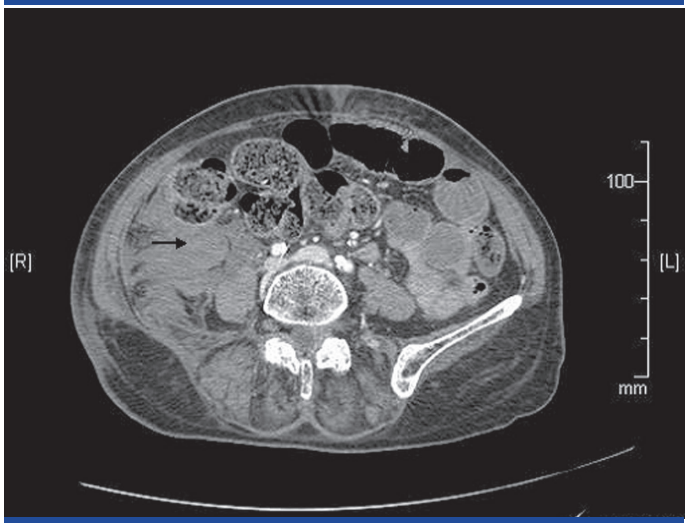


[Table/Fig-1]: X-ray abdomen



[Table/Fig-2]: CT abdomen

AUTHOR(S):

1. Dr. Rupa M. Mascarenhas
2. Dr. Praveen Kumar K
3. Dr. Erel A. I. Diaz

PARTICULARS OF CONTRIBUTORS:

1. Corresponding Author
2. Dept of General Surgery, Fr. Muller Medical College, Kankanady, Mangalore, Karnataka. PIN-575002
3. Dept of General Surgery, Fr. Muller Medical College, Kankanady, Mangalore, Karnataka. PIN-575002

NAME, ADDRESS, TELEPHONE, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Rupa M. Mascarenhas
Dept of General Surgery, Fr. Muller Medical College,
Kankanady, Mangalore, Karnataka. PIN-575002.
Ph : 9481960326
E-mail : rupangela@yahoo.co.in

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