

Duodenal Hematoma : A Rare Complication of Anticoagulation

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CASE REPORT

A 59-year-old man with history of diabetes and vein thrombosis of the limb with indication for life anticoagulation for life presented for vomiting and anemia without GI bleeding. Hemoglobin level was 7 while INR was >15. After reanimation (antivitamin K and transfusion), abdominal tomodensitometry was performed, showing circumferential spontaneously hyperdense parietal thickening of the third duodenum and the Treitz angle, 24mm thick, associated with mesenteric densification (**Figure 1**). Upper endoscopy showed a bluish appearance sometimes with large congestive folds of the duodenal mucosa evoking a duodenal parietal hematoma (**Figure 2**). Evolution was spontaneously favorable with regression of the vomiting and stabilization of the hemoglobin level.

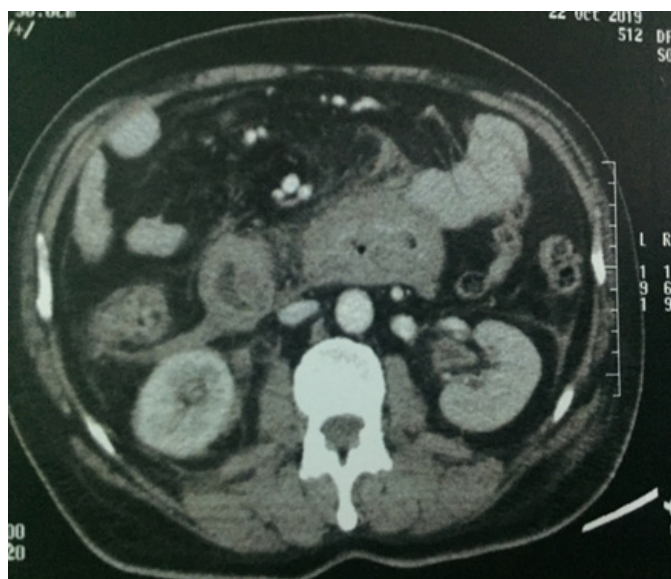


Figure 1: Abdominal CT scan: showing circumferential spontaneously hyperdense parietal thickening of the third duodenum and the Treitz angle.

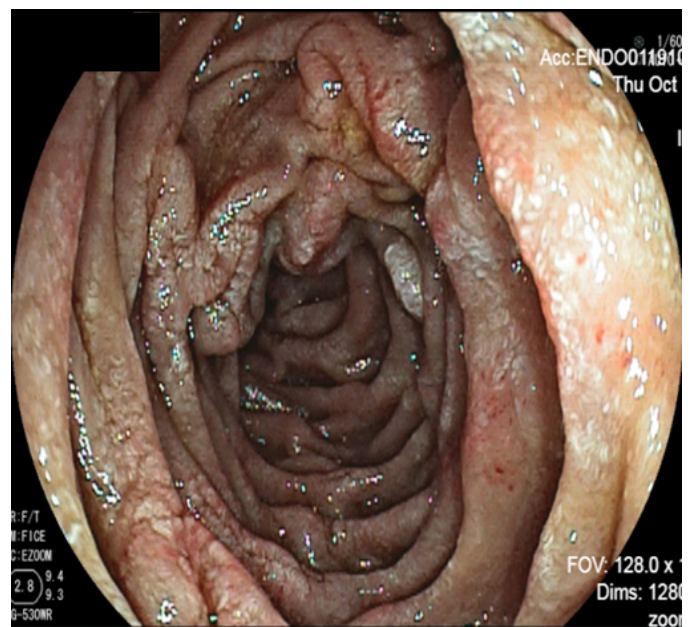


Figure 2: Upper endoscopy: Upper endoscopy showed a bluish appearance sometimes with large congestive folds of the duodenal mucosa evoking a duodenal parietal hematoma.