**ABSTRACT**

**ROLE OF POCUS IN EARLY DETECTION OF SPONTANEOUS ABDOMINAL WALL HEMATOMA**

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INTRODUCTION

Acute abdominal pain is a common presentation in any casualty. One of the non-traumatic differentials is spontaneous abdominal wall hematoma, which may present with a painful abdominal wall lump. We are reporting a case of spontaneous abdominal wall hematoma following over-warfarinization, which was detected by our Point of Care Ultrasonography (POCUS) finding.

CASE PRESENTATION

A 57-year-old lady with underlying Hypertension, Hypothyroidism, and non-valvular Atrial Fibrillation (AF) on Warfarin treatment presented with spontaneous left lumbar pain for 2 days duration. She denied gastrointestinal loss, constitutional symptoms, and haematuria. On physical examination, the abdomen was soft, but there was presence of a localized tender abdominal wall lump over the left lumbar area. Bedside POCUS revealed a well-defined mixed echogenicity mass over the left lateral abdominal wall, and laboratory coagulation profile was prolonged. Subsequently, an urgent Computed Tomography (CT) scan of the abdomen confirmed the presence of a left lateral abdominal wall hematoma measuring about 11 x 7.5 x 15cm with features of active bleeding. The patient was then transfused with a total of 3 units of packed cells and 4 units of Fresh Frozen Plasma (FFP), and the hematoma was treated conservatively.

DISCUSSION

There are many predisposing factors for spontaneous abdominal wall hematoma such as coughing, sneezing, heavy lifting, and in our case, it likely occurred due to over-warfarinization. The diagnosis can be very challenging as it can mimic other acute abdomen presentations such as acute appendicitis, acute cholecystitis, and many others. By using POCUS at the bedside, abdominal wall hematoma can be rapidly identified, with a sensitivity for ultrasound in identifying abdominal hematoma reaching up to 90%, especially when correlated with blood investigation results and physical examination findings. However, the CT scan is still the gold standard for diagnosis and is needed to assess for the presence of active bleeding or not.

CONCLUSION

This case highlights the role of POCUS in making a quick and accurate diagnosis in patients presenting with acute abdomen. The role of POCUS in this case will definitely benefit patients by reducing the duration of stay in casualty, establishing an early diagnosis, and reducing admission stay.

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