



Help...I Can't Bend My Leg Uncovering a Psoas Hematoma in a Young Schizophrenic with Sinus Thrombosis

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INTRODUCTION

The incidence of spontaneous psoas muscle hematomas has slowly increased (reported rates between 0.6% and 6.6%) as a result of using anticoagulation agents.

Although diagnosing a psoas hematoma can be difficult, its high mortality rates make timely diagnosis and treatment essential.

CASE DESCRIPTION

A 28 year old male with underlying schizophrenia was previously admitted for over-ingestion of olanzapine whereby CECT brain showed left transverse sinus thrombosis. The patient was started on overlap enoxaparin and warfarin. Patient then had multiple visits to casualty complaining of right groin pain and difficulty to ambulate. However patient was discharged twice with analgesics and no further investigations done. On the third visit, due to severe pain, patient was triaged to Yellow Zone. The physical examination revealed that the right hip was held in a flexed position, with tenderness noted during passive extension, which was indicative of a positive Psoas sign. Bedside abdominal scan revealed right psoas muscle appear bulky and irregular with heterogenous lesion within. Patient was admitted to ward and done ultrasound guided drainage which revealed 20mls stale blood .

CONCLUSION

Point-of-care ultrasound, following a detailed history and physical examination, serves as an effective and rapid diagnostic tool for identifying psoas hematoma in the emergency department.

References

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DISCUSSION

Clinical presentation of psoas hematoma may include abdominal, back or groin pain, positive psoas sign, the presence of a palpable iliac mass, femoral nerve palsy or hemodynamic instability. It may cause reversible or permanent damage to the femoral nerve as reported by multiple cases. The infectious complication of this hematoma worsens its prognosis.

Ultrasound comparison with the contralateral normal side was useful to confirm swelling. The psoas major compartment can expand up to 10 times its normal volume, and since pain is related to internal tension, it must be significantly swollen to be clearly visible on ultrasound during severe pain.



Fig 1 – Psoas muscle appear bulky with loss of muscle striations loculated collection seen within.



Fig 2 - Normal Psoas Muscle : Hypoechoic striated structure with internal echogenic (brighter) fibrous septa typical of a muscle

The therapeutic modality is chosen based on clinical manifestations and severity of hematoma. Conservative treatment is recommended for patients with mild bleeding and no apparent symptoms of nerve compression, which includes discontinuation of anticoagulants, bed rest and blood transfusion. For patients with significant pain as in this case, percutaneous drainage and decompression by ultrasound or CT is indicated.

Keywords : Psoas, Hematoma, Ultrasound, Drainage

