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Clinical Image

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Hemorrhagic Shock Due to Spontaneous Mesenteric Hematoma: Catastrophic Debut of Acute Myeloid Leukemia

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1. Clinical Image

Male, 59 years old, presents to the Emergency Department with asthenia and persistent gingival bleeding. Laboratory results show 230,000 leukocytes, 29,000 platelets, and preserved hemoglobin. Blood smear suggests acute myeloid leukemia. Admitted for bone marrow study and treatment. After 24 hours, hypotension, tachycardia, and a 4-point drop in hemoglobin occur. Transferred to the ICU and a CT scan (Figure 1) reveals a mesenteric hematoma with late active bleeding that cannot be embolized. An urgent laparotomy is performed, revealing 2 liters of hemoperitoneum secondary to mesenteric tear and hematoma, without active arterial bleeding (Figure 1). Damage control surgery with packing and open abdomen is performed, which is reviewed and closed after 48 hours. t (arrows) that extends into pelvis at the anterior is observed in the left portion of sacrum. Bone hydatid cyst was suspected and the diagnosis was confirmed by hydatid cyst serology. Bone hydatid cyst accounts for only 0.5-2% of all hydatid cysts [1]. Sacral hydatid cyst is rare. Although its rarity, hydatid cyst should be kept in mind in the differential diagnosis of cystic masses in the sacrum and iliac bone.

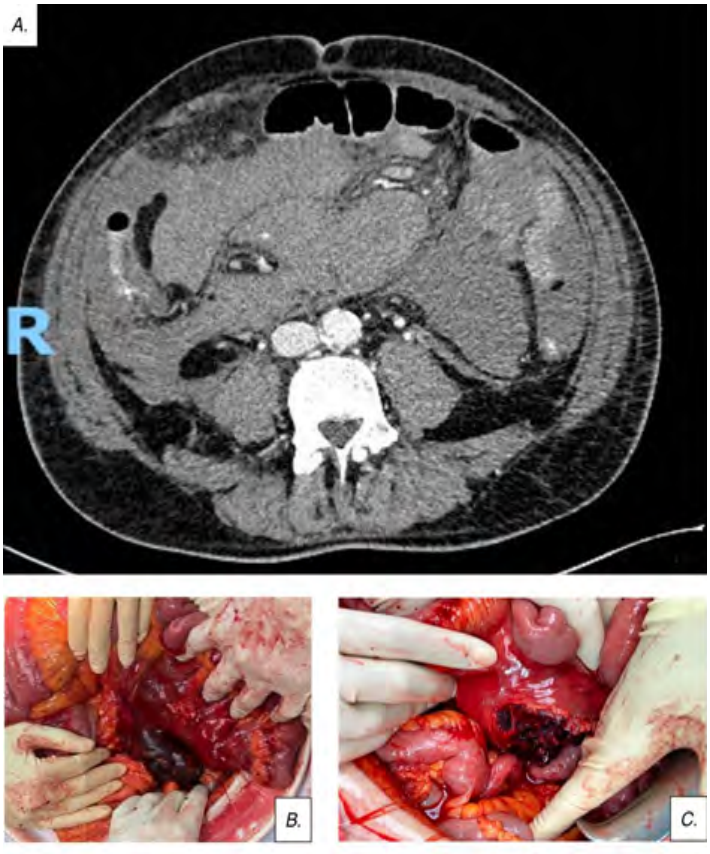

Figura 1. Imagen A (TC abdominopelvico contrastado): abundante hemoperitoneo de distribución difusa en regiones perihepática, periesplénica, flancos y pelvis. Imagen B - C (intraoperatorias): voluminoso hematoma y abombamiento en raíz mesentérica con desgarro de meso secundario.