

Thoracoabdominal wall hematomas: a report of two cases

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AIM

Thoracic and abdominal wall hematomas are rare but significant, especially in anticoagulated patients. Rectus sheath hematomas arise from inferior epigastric artery rupture, often due to anticoagulant therapy, persistent coughing, constipation, or minor trauma. Intercostal bleeding may result from blunt trauma, causing vessel rupture.

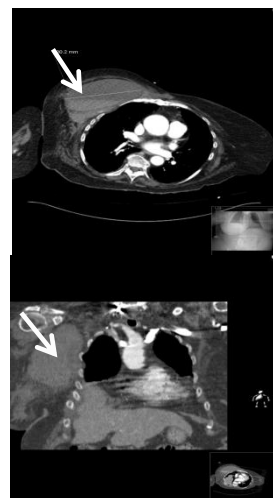
MATERIAL & METHODS

Case 1: Rectus Sheath Hematoma

A 69-year-old woman with hypertension, diabetes, atrial fibrillation on low-molecular-weight heparin, and peripheral artery disease presented with severe abdominal pain and a left-sided mass. She was hypotensive with severe anemia (Hb 5.9g/dl), acute kidney injury, and mixed acidosis. CT revealed a 3-liter abdominal wall hematoma. Despite intensive care, she succumbed to hemodynamic deterioration.

Case 2: Massive Intercostal Hematoma

A 74-year-old woman, anticoagulated with acenocoumarol for a prosthetic valve, developed a painful right supramammary swelling post-fall. Ultrasound showed a 12 x 5.9 cm hematoma posterior to the pectoralis major. She deteriorated hemodynamically (BP 60/30 mmHg, HR 115 bpm). Angio-CT confirmed a massive hematoma with active arterial bleeding. Coil embolization of the internal mammary artery was successful, leading to recovery.



Large right anterior chest hematoma (14,7×9×15cm)



Large 22.8 cm rectus sheath hematoma in the lower left quadrant.

RESULTS

Thoracoabdominal hematomas can range from localized pain to severe instability. CT is the diagnostic tool of choice, enabling identification of the bleeding source and guiding therapeutic decisions. Stable cases require conservative management, while active bleeding necessitates urgent intervention. Arterial embolization offers a viable and less invasive therapeutic option in selected cases.

CONCLUSIONS

Spontaneous or post-traumatic thoracoabdominal wall hematomas represent a complex clinical challenge, particularly in anticoagulated patients. Prompt diagnosis and timely intervention are crucial to improving outcomes. Arterial embolization offers a viable and less invasive therapeutic option in selected cases. Mortality remains high in patients with severe hemodynamic instability, highlighting the need for a multidisciplinary and protocolized approach in managing these patients.

REFERENCES

1. Dalal N, Divya A. Anticoagulation Strategies After Spontaneous Retroperitoneal Hemorrhage in Patients Requiring Long-Term Anticoagulation. *Cardiol Res.* 2025;14(2):85–92.
2. Kozlov V, Ivanov A, Petrov M, et al. Comparison of management options for spontaneous bleeding into soft tissues in COVID-19 patients: a retrospective study. *Sci Rep.* 2025;15(1):1234.
3. Müller T, Schmid H, Becker F, et al. Endovascular management of rectus abdominis hematoma: A report of two cases and review of the literature. *Radiol Case Rep.* 2024;19(3):456–460.
4. Zhang Y, Li X, Wang J, et al. Spontaneous retroperitoneal hematoma treated with transarterial embolization: a case report and literature review. *CVIR Endovasc.* 2024;7(1):62.
5. Subedi P, Syed MP, Shah T. Spontaneous chest wall hematoma in a hemodialysis patient: a case report. *J Clin Med.* 2023;14(2):396. doi:10.3390/jcm14020396