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Anterior abdominal wall hematoma, a rare complication of dengue fever: A case report

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Introduction: Dengue fever has many complications. Although minor bleeding is common massive bleeding in the absence of leakage and shock is rare.

Case report: We report a 52 year old female who presented with fever, myalgia and abdominal pain. Dengue IgM was positive. On the 6th day she developed a tender lump over left abdominal wall which increased in size rapidly. Ultra sound scan and CT scan of abdomen confirmed an anterior abdominal wall haematoma. There was no evidence of capillary leakage at any time in the course of the disease.

She developed hypotension and severe anemia which required transfusion of twelve units of blood. Opioid analgesics were given for pain. Surgical evacuation was not done considering the risk of re-bleeding associated with thrombocytopenia. When she was discharged after 16 days she was stable and the platelet count was normal. Repeat ultra sound scan showed an organized haematoma. Two days later she was re-admitted to a surgical unit of a different hospital with abdominal pain where the haematoma was surgically evacuated. Organized blood was removed; there was no fresh blood. Second hospital stay was for 14 days.

Discussion: Massive abdominal wall haematoma is a rare complication of dengue fever which can lead to shock requiring multiple blood transfusions. It can present in the absence of capillary leakage. Ideal management of this complication is not clear. This patient was initially managed conservatively but later underwent surgical intervention with prolonged hospital stay. It is necessary to study more cases to determine the ideal way of management.