Clinical picture

Extensive hematoma and the liver

A 66-year-old man had a ground level fall on his back and was admitted in July 2014 after developing an extensive (58 × 25 cm) hematoma over his lower back and flanks.

He had a long history of resected carcinoid of the small bowel (1998), recurring in 2005 and treated since with octreotide. In late 2012, liver metastases were discovered and the dose was increased. He did not develop the carcinoid syndrome.

On admission, the Hb was 8.4 g/dl. He had cholestatic liver enzymes disturbance (direct bilirubin 0.6 mg/dl) but normal aminotranferases and near-normal serum albumin (3.4 g/dl). Platelets (333 × 10^3/μl) and fibrinogen levels (340 mg/dl) were normal.

The prothrombin time (PT) was 7–8% (INR 5.84–6.14) and activated partial thromboplastin time (aPTT) 65.4–83.1 s—both markedly abnormal. Six months prior these values were normal.

Thrombin time was normal, but clotting factors X and II were severely reduced (4% and 13%, respectively), and no inhibitor activity was found.

A repeat computed tomography (CT) scan (Figure 1a) and positron emission tomography (PET) CT (Figure 1b) revealed extensive involvement of the liver with metastatic carcinoid tumor.

The patient was referred for transarterial chemoembolization1 but succumbed to his disease shortly thereafter.

Only a minority of cancer patients without disseminated intravascular coagulation have clinically significant bleeding and 41% had entirely normal clotting studies.2 In our patient the unusually large hematoma uncovered the increasing severity of neoplastic parenchymal liver disease, causing severe impairment in the synthesis of clotting factors.

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Figure 1. Axial non contrast CT (a) and PET-CT with Ga-68 Dotatate (b) showing multiple hypodense liver lesions with intense radiotracer uptake consistent with metastatic carcinoid tumor.

Conflict of interest: None declared.
Patient consent: signed.

References