

A case report of acute abdominal pain with thrombocytosis and splenomegaly

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Case report

- 56 years old woman with severe acute pain in the left flank after episode of non-productive cough
- She has no cold, no fever, no abdominal trauma
- Stable hemodynamics remains

Personal history:

- Rheumatoid arthritis treated with cyclosporine
- Polycythemia vera (PV) with thrombocytosis (Jak 2+) low risk (not thrombotic events, platelets 500,000-600,000 with hemoglobin 16-18 g / L, last five years) in treatment with bleeding and acetylsalicylic acid

Patients & Methods

- The pain limits the abdominal exploration by antalgic posture
- Patients priority is pain control
- After 3rd step analgesia, our patient allows abdominal palpation who presents large painful mass on the left flank
- Blood test shows worsering thombophilia and anemia (1.231.000 platelets and 9.1 hemoglobin) compared to baseline

	Baseline blood count	Current blood count
Platelets (x109/I)	500.000- 600.000	1.231.000
Hemoglobin (g/dl)	16-18	9.1

Results & discussion

- Abdominal mass in the left flank suggests splenomegaly
- Thrombophilia and anemia could suggests an abdominal thrombosis (ischemic infarction, mesenteric ischemia, renal infarction...)
- The intensity of the pain did not allow proper physical examination

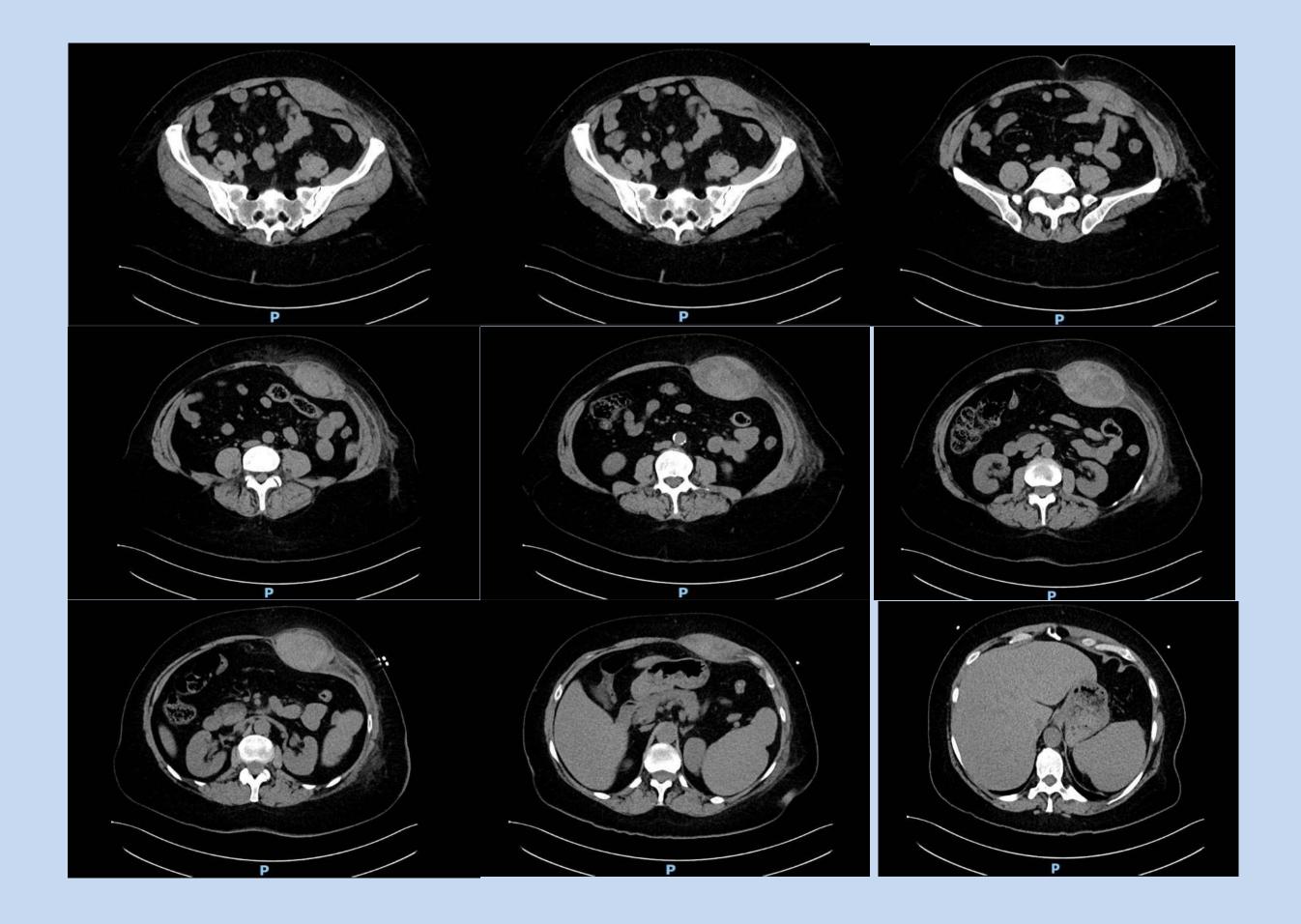
<u>Differential diagnosis or thrombocytosis and pain suggests:</u>

- Mesenteric ischemia
- Renal infarction (shows pain in the left flank radiating to the left side)
- Splenic infarction or splenic hemorrhage, due to polycythemia vera and anemia

<u>Diagnosis:</u> Computer Tomography discards the previous diagnoses and confirms the presence of hematoma of the left abdominal rectus

Computed tomography highlights:

- ➤ A large hematoma in left anterior abdominal rectus (23 cm x 5.9cm x 8.7cm)
- > Hepatosplenomegaly without subcapsular hematoma, nor signs of infarction



Conclusion & perspectives

- Pain is the main reason for consultation in the Emergency Services (SU) representing up to 78% of them and one third manifesting severe pain
- Pain control is a priority for the patient, it must also be for us
- Pain control does not make diagnosis difficult, it can help get it