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 thrombophilia and anemia (1.231.000 platelets and 9.1 hemoglobin) compared to baseline

<table>
<thead>
<tr>
<th>Baseline blood count</th>
<th>Current blood count</th>
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<tbody>
<tr>
<td>Platelets (x10^9/l)</td>
<td>500,000-600,000</td>
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<td>1.231.000</td>
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<tr>
<td>Hemoglobin (g/dl)</td>
<td>16-18</td>
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<td>9.1</td>
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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

Differential diagnosis or thrombocytosis and pain suggests:
- 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

Diagnosis: 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 5.9 cm x 8.7 cm)
- 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