

80-year-old female with 1 day
history of left-sided abdominal
pain and lightheadedness

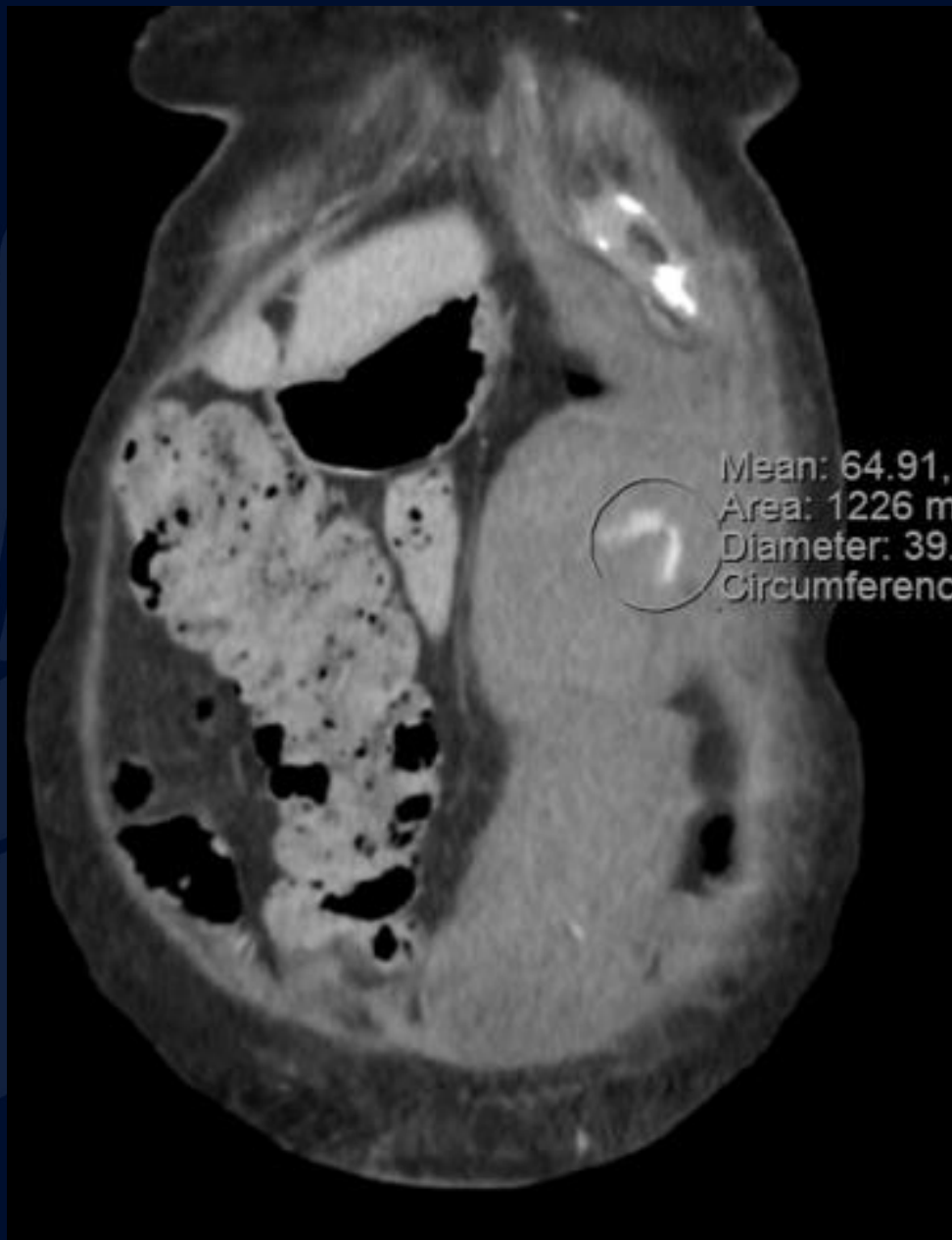
Emily Chu, MS3



CT with IV Contrast



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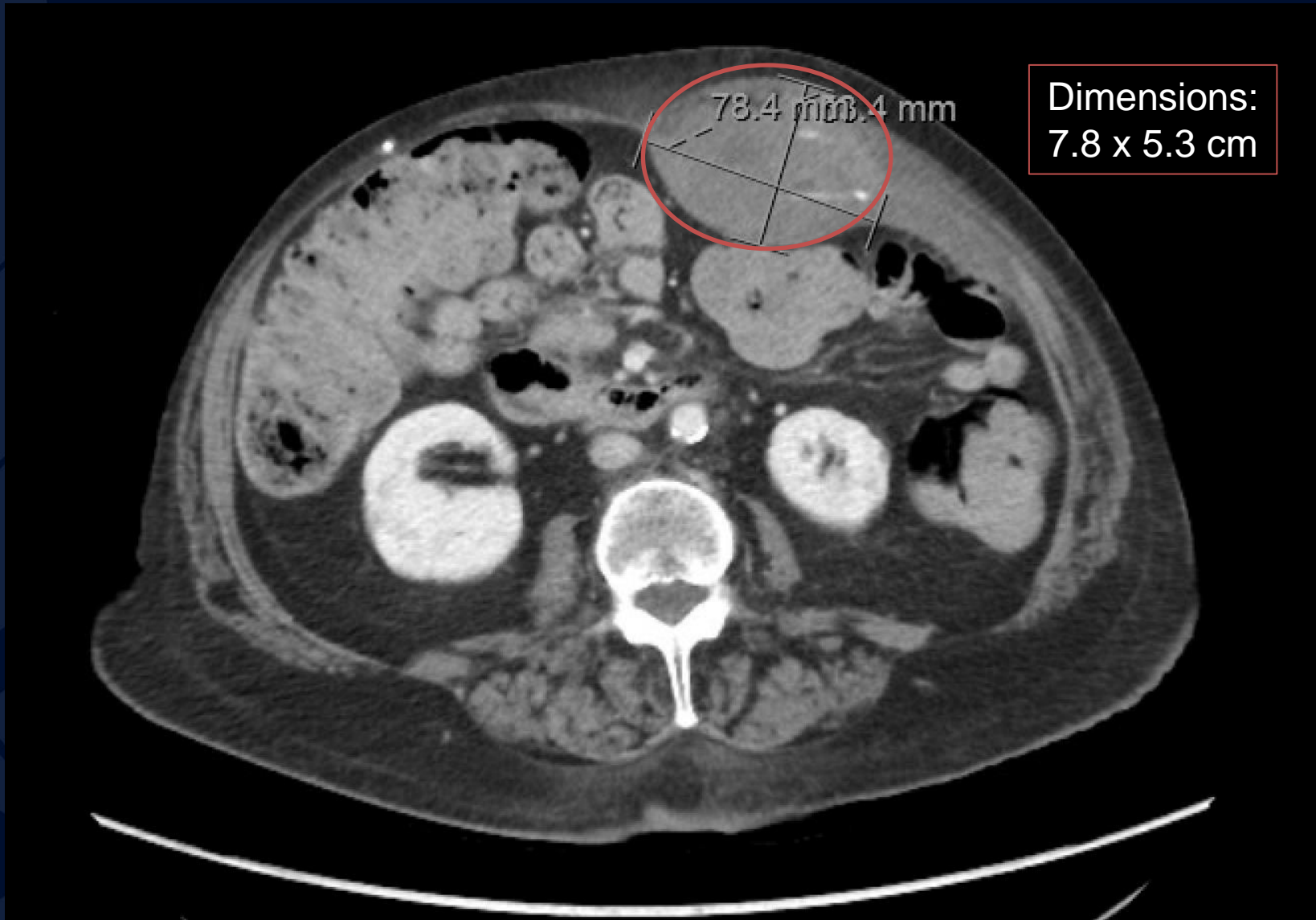
CT with IV Contrast



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Rectus Sheath Hematoma

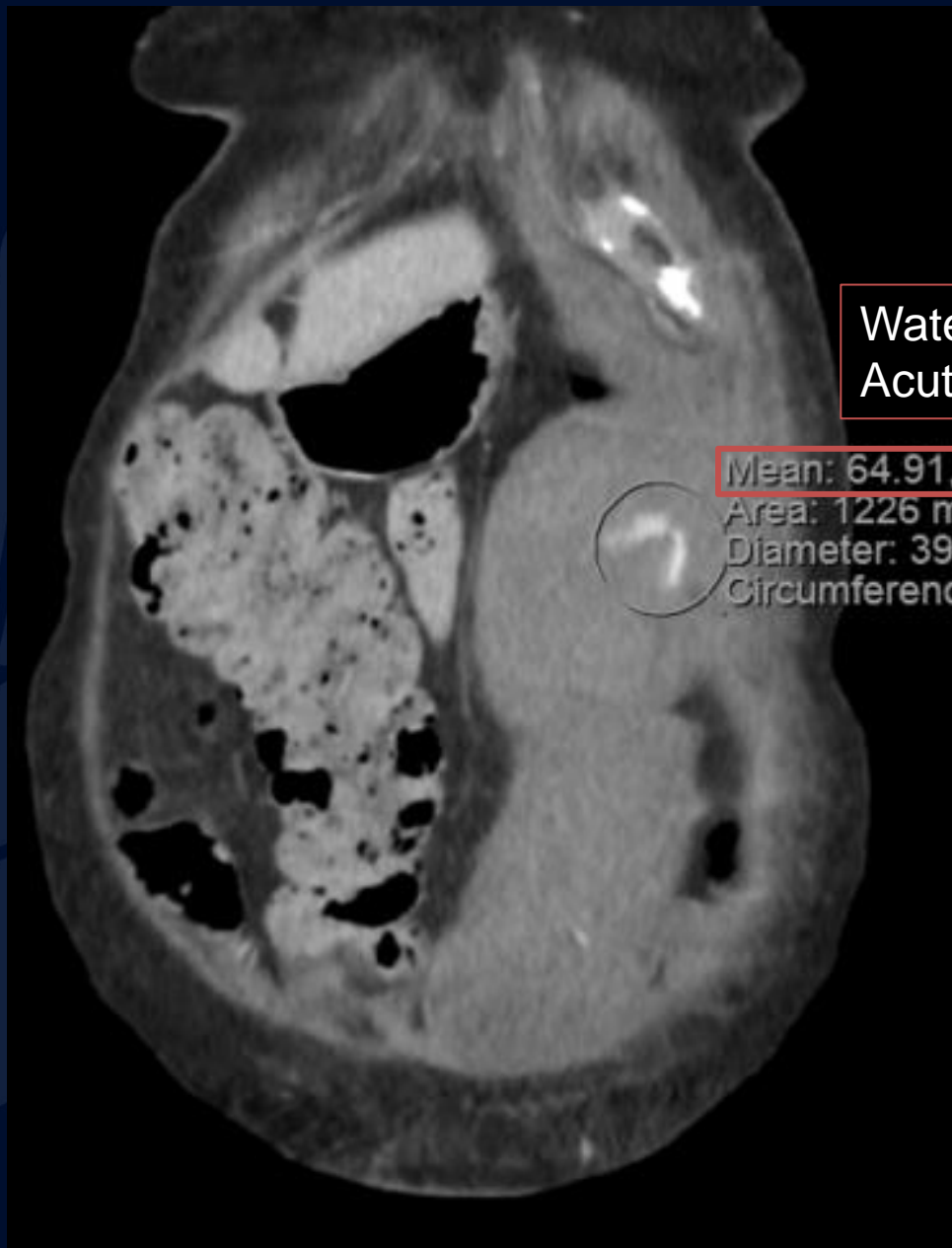


CT with IV Contrast

20 cm



CT with IV Contrast



Water = 0 HU
Acute blood = 60-90 HU

Mean: 64.91,
Area: 1226 m
Diameter: 39.
Circumferenc

CT with IV Contrast

Rectus Sheath Hematoma

Hematoma in the rectus abdominis muscle sheath, most often in its lower segment

Presentation

- Acute onset abdominal pain with palpable abdominal mass
- If large, hypovolemic shock and abdominal compartment syndrome

Etiology / Pathogenesis

- Rupture of epigastric vessels or tearing of the rectus abdominis muscle fibers.
 - Spontaneous in the setting of anticoagulation therapy
 - Trauma
 - Coagulopathies i.e. cirrhosis
 - Degenerative vascular diseases
 - Iatrogenic i.e high femoral artery puncture

Treatment

- Emergent embolization

Imaging Findings

Ultrasound

- Heterogeneously echogenic area in the intramuscular planes of anterior abdominal wall muscles

CT

- Well- defined, often elliptical shaped mass within the rectus sheath
- High attenuation on unenhanced images
- No enhancement on enhanced images
 - Blush of contrast within an otherwise nonenhancing mass indicates active bleeding
- Often self limited, resolution on follow-up studies

References

Rosen, M & Haskins, IN. Spontaneous retroperitoneal hematoma and rectus sheath hematoma. In: *UpToDate*, Post, TW. (Ed), UpToDate, Waltham, MA, 2020. (Accessed on March 30, 2023.)

Weerakkody Y, Anan R, Niknejad M, et al. Rectus sheath hematoma. Reference article, Radiopaedia.org (Accessed on 30 Mar 2023) <https://doi.org/10.53347/rID-10574>

<https://my.clevelandclinic.org/health/diseases/23934-rectus-sheath-hematoma>