Huge expanding extrapleural haematoma in a coronary artery disease patient: conservative or surgical treatment?


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We present a case of extrapleural hematoma due to trauma in an anticoagulated elderly man with medical history of coronary artery disease. He referred to us due to chest pain because of fall down. The admission chest radiography and the initial computed tomography (CT) are representative of thoracic trauma. Chest x-ray (Figure 1a) revealed a well circumscribed opacity in the left haemithorax recommending the contrast mediated thorax computed tomography (CT). The CT immediately performed shown left rib fractures and a D-shaped opacity in the left side of the thorax suggesting extrapleural hematoma, which was caused by continuous bleeding of an intercostal artery (Figure 1b). The initial conservative treatment (transfusion, anticoagulation reverse and cardiopulmonary support) was followed because of anticoagulation therapy and the presence of comorbidities; high risk for a routine tho-

Figure 1. Chest x-ray (1a) revealed a well circumscribed opacity in the left haemithorax. The contrast mediated thorax CT (1b), immediately performed shown left rib fractures and a D-shaped opacity in the left side of the thorax suggesting extrapleural hematoma, which was caused by continuous bleeding of an intercostal artery.
Unusual complications of the anticoagulation therapy

The haematoma was expanding causing cardiopulmonary disturbance and anaemia; repetitive x-ray and a new CT were performed 48 hours later (Figure 2a, 2b). However, the initial conservative treatment was not successful and surgical evacuation though left thoracotomy was the final treatment of this huge and expanding haematoma as the bleeding did not stop. Patient postoperative was uneventful and he discharged on the 6th postoperative day. The follow up CT scan 45 days from the intervention show obvious imaging amelioration (Figure 3a,b), while patient is still alive without symptoms related to trauma or to the operation.

**Figure 2.** The x-ray (2a) and the CT scan (2b) performed 48 hours from the admission revealed a worsening image (expansion in whole haemithorax), recommended surgical intervention while the clinical status became worse.

**Figure 3.** In this figure the CT scan 45 days from the intervention is presented. A minimum quantity of liquid into the interlobar fissure and in the costo-diaphragmatic angle is present (arrows). The imaging amelioration (3a, 3b) confirmed the patient’s good clinical status.