Journal of US-China Medical Science 17 (2020) 99-101 doi: 10.17265/1548-6648/2020.03.005



Spontaneous Omental Hemorrhage Induced Appendicitis: A Case Report

Yanglieguang Lou^{1, 2}, Huanrong Lan³ and Ketao Jin²

- 1. Department of Hepatobiliary Surgery, Affiliated Hospital of Shaoxing University (Shaoxing Municipal Hospital), Shaoxing 312000, Zhejiang Province, PR China
- 2. Department of Colorectal Surgery, Shaoxing People's Hospital, Shaoxing Hospital of Zhejiang University, Shaoxing 312000, Zhejiang Province, P. R. China
- 3. Department of Breast and Thyroid Surgery, Shaoxing People's Hospital, Shaoxing Hospital of Zhejiang University, Shaoxing 312000, Zhejiang Province, P. R. China

Abstract: Here we report a rare case of spontaneous omental hemorrhage induced appendicitis. A 65-year-old female patient was admitted to the emergency department for right lower abdominal pain. Laparoscopic abdominal exploration revealed that the patient had appendicitis induced by spontaneous omental hemorrhage.

Key words: Spontaneous omental hemorrhage, appendicitis, case report.

1. Introduction

Spontaneous omental hemorrhage is a rare disease. There are many causes of omental hemorrhage, including trauma, tumor, vasculitis, hematological diseases, anticoagulant therapy, etc. Cases of appendicitis caused by spontaneous omental hemorrhage have not been reported. Here we reported a case of appendicitis caused by spontaneous omental hemorrhage.

2. Case Report

A 65-year-old woman was transferred to our hospital with lower abdominal pain for 2 days on June 15th, 2017. The highest body temperature of the patient was 36.7 °C. B-type ultrasound revealed strip-like object with a low echo in the right lower abdomen. Laboratory testing revealed that the white blood cell count was 9.38×109 /L, neutrophilic granulocyte percentage was 76.8%, and C-reactive protein was 13.7 mg/L. The diagnosis of appendicitis

was considered. And laparoscopic exploration was performed in Emergency Operation Room. An intraoperative finding is about 50 mL bloody liquid around the ileocecal region. Partial of omentum is covered in the ileocecal region. The surface of appendix was congested and the edema was not obvious (Fig. 1a). Two dull red nodules with a diameter of about 2 cm were seen on the greater omentum covering the ileocecal region (Fig. 1b and 1c). The patient received laparoscopic appendicectomy and laparoscopic excision of greater omentum mass. Postoperative pathological report showed chronic appendicitis (Fig. 1d) and omental vascular congestion with hemorrhage (Fig. 1e and 1f). The patient recovered smoothly after surgery and was discharged 2 days after surgery.

3. Discussion

Spontaneous omental hemorrhage is rare in clinic. Spontaneous omental hemorrhage can be caused by strenuous exercise [1], gastrointestinal tumor [2], autoimmune diseases [3], hematological diseases [4], omental torsion [5], anticoagulant therapy [1] and so on. Some cases of omental hemorrhage are

Corresponding author: Dr. Ketao Jin, M. D. & Ph. D., research fields: minimal invasive surgery of gastrointestinal cancer.

A B C C F F C C

unexplained idiopathic omental hemorrhage [6].

Fig. 1 Diagrams showing (a) the surface of appendix was congested and the edema was not obvious, (b) two dull red nodules with a diameter of about 1 cm to 2 cm were seen in the greater omentum covering the ileocecal region, (c) macroscopic view of the resected nodules in the greater omentum. Postoperative pathological report showed (d) chronic appendicitis (H&E, \times 100) and (e, f) omental vascular congestion with hemorrhage (H&E, \times 100).

The clinical manifestations of spontaneous omental hemorrhage are usually epigastric pain, occasionally accompanied by other symptoms such as nausea, vomiting, or diarrhea. When spontaneous omental hemorrhage causes massive intraperitoneal bleeding, the patient may be critically [6]. Ultrasonography, abdominal computed tomography and abdominal diagnostic puncture can help to diagnose spontaneous omental hemorrhage. However, the clinical symptoms and signs of patients with spontaneous omental hemorrhage are relatively unstable, diagnosis or treatment can be successfully performed via surgical exploration at this time [6, 7]. Our patient had no history of trauma, hypertension, diabetes, malignancy, hematological diseases, autoimmune diseases and anticoagulant use. At the onset of spontaneous omental hemorrhage, the clinical symptoms and signs are characterized by acute appendicitis with metastatic right lower abdominal pain. Ultrasonography indicated a low echo in the right lower quadrant. During operation, it was found that appendicitis was caused by omental hemorrhage.

The incidence of spontaneous omental hemorrhage

is low. It is rare in clinic and difficult to diagnose. Our patient presented with a clearly metastatic right lower abdominal pain, and radiographic findings were directed at acute appendicitis, which made the physician firstly consider it as acute appendicitis. The diagnosis of spontaneous omental hemorrhage was confirmed during laparoscopic exploratory surgery.

4. Conclusion

The clinical manifestations of spontaneous omental hemorrhage are different. Appendicitis caused by spontaneous omental hemorrhage is really rare. Laparoscopic exploratory surgery plays an important role in the diagnosis and treatment of this patient. Laparoscopic surgery can be popularized in the diagnosis and treatment of cases of acute abdomen. The clinical experience with this patient provides a reference for clinicians in the diagnosis and treatment of spontaneous omental hemorrhage caused appendicitis.

Acknowledgments

Zhejiang Provincial Science and Technology

Projects (grants no. LGD19H160001, 2017C33213, LGF18H160041, LGF19H220002, 2017C33212, and 2015C33264), and Shaoxing Municiple Science and Technology Projects (grant no. 2018C30016).

References

- [1] Reid, T. D., and Sheridan, W. G. 2010. "Spontaneous Omental Haematoma—Clinical Image." *Ann R Coll Surg Engl* 92 (4): W38.
- [2] Dixon, A. Y., Reed, J. S., Dow, N., and Lee, S. H. 1984. "Primary Omental Leiomyosarcoma Masquerading as Hemorrhagic Ascites." *Hum Pathol*. 15 (3): 233-7.
- [3] Kroot, E. J., Mak, C. L., Boelhouwer, R. U., Middelkoop, M. P., and Dees, A. 2003. "Involvement of the Omentum in Wegener's Granulomatosis." *Ann Rheum Dis.* 62 (12): 1238-9.

- [4] Adelman, M. I., Gishen, P., Dubbins, P., and Mibashan, R. S. 1979. "Localised Intramesenteric Haemorrhage—A Recognisable Syndrome in Haemophilia?" *Br Med J.* 2 (6191): 642-3.
- [5] Leitner, M. J., Jordan, C. G., Spinner, M. H., and Reese, E. C. 1952. "Torsion, Infarction and Hemorrhage of the Omentum as a Cause of Acute Abdominal Distress." *Ann Surg.* 135 (1): 103-10.
- [6] Carr, S. R., Dinsmore, R. C., and Wilkinson, N. W. 2001. "Idiopathic Spontaneous Intraperitoneal Hemorrhage: A Clinical Update on Abdominal Apoplexy in the Year 2001." Am Surg. 67 (4): 374-6.
- [7] Kimura, J., Okumura, K., Katagiri, H., Lefor, A. K., Mizokami, K., and Kubota, T. 2016. "Idiopathic Omental Hemorrhage: A Case Report and Review of the Literature." *Int J Surg Case Rep.* 28: 214-8.