

SOFT-TISSUE CASE 34. DIAGNOSIS

RECTUS SHEATH HEMATOMA

The magnetic resonance images showed a 6 × 4-cm oval soft-tissue mass with an ill-defined outline in the musculature of the right rectus sheath. It showed slightly heterogeneous signal intensity in the T_1 -weighted image (Fig. 1, black arrows) and T_2 -weighted image (Fig. 2, white arrows). There was a large area of soft-tissue edema in the adjacent anterior abdominal wall. The patient was managed conservatively with pain medication. She became asymptomatic in 2 weeks and the hematoma resolved in 4 weeks.

Rectus sheath hematomas occur mostly in women, with a mean age in-

creasing in the fifth decade.¹ Most rectus sheath hematomas occur in the lower abdomen.² Causes include trauma, iatrogenic causes (e.g., percutaneous procedures) and surgery.³ Spontaneous hematomas can result from arteriovenous malformation, anticoagulant therapy or simple excessive straining or coughing.³ Apart from treatment of the underlying cause (e.g., coagulopathy), management should be tailored to the patient's condition. Nonoperative management with analgesics and avoiding excessive abdominal muscle strain should be adequate in most cases. Evacuation is occasionally required when the hematoma is large or increasing in size.

References

1. Knol JA. Rectus sheath hematoma. In: Greenfield LJ, Mulholland MW, Oldham KT, Zelenock GB (editors). *Surgery: scientific principles and practice*. Philadelphia: J.B. Lippincott; 1993. p. 1108.
2. Zainea GG, Jordan F. Rectus sheath hematomas: their pathogenesis, diagnosis and management. *Am Surg* 1988;54:630.
3. Marn C. Anterior abdominal wall. In: Gore RM, Levine MS, Laufer I, editors. *Textbook of gastrointestinal radiology*. Vol. 2. Philadelphia: W.B. Saunders; 1994. p. 2401-11.

© 2000 Canadian Medical Association

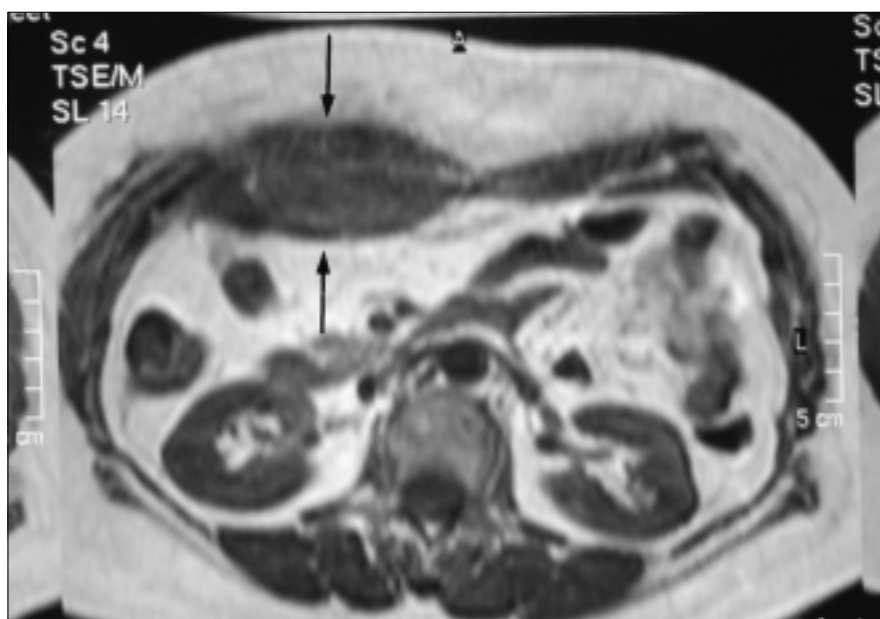


FIG. 1



FIG. 2