CLINICAL SNAPSHOT

Think of Rare Things—Atraumatic Splenic Hemorrhage

A 58-year-old woman complained of upper abdominal pain radiating into the left shoulder. She had previously suffered from recurrent bouts of alcoholic pancreatitis, and the serum pancreatic amylase was elevated; a new bout of pancreatitis was initially suspected. Ultrasonography revealed a small amount of peripancreatic free fluid. There was no history or physical evidence of trauma. The patient became intermittently hemodynamically unstable, and her hemoglobin level fell. Vascular erosion was suspected. CT angiography of the abdomen revealed a spontaneous atraumatic splenic hemorrhage (*Figure*), which was treated in an interventional radiological procedure. The patient went on to a full recovery.

Atraumatic splenic hemorrhage is rare compared to traumatic splenic hemorrhage. 7% of cases are idiopathic and 93% arise in the setting of other diseases, particularly immunological, hematological, or neoplastic conditions, or after invasive diagnostic procedures. An association between chronic pancreatitis and spontaneous splenic rupture has been documented in published case series. This patient's major symptom is known as Kehr's sign. The condition is primarily diagnosed with ultrasonography and/or computed tomography and treated either with an interventional radiological procedure or by splenectomy.

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Computed tomography of the upper abdomen after the intravenous administration of contrast medium

There is a subcapsular splenic hematoma (star) with active bleeding (arrow), as well as hemoperitoneum with perihepatic free fluid (triangle).