LETTERS TO THE EDITOR

Rectus sheath haematoma

Sir

A 32-year-old male was admitted with a history of pain in the right iliac fossa of 4 days' duration. The pain had started rather suddenly when he was lifting a heavy object, although he did not believe this had caused the pain. He did not complain of nausea, vomiting, anorexia or change in bowel habit. On examination he was afebrile. There was marked tenderness in the right iliac fossa with some guarding. A rectal examination was normal.

The patient was admitted for observation. Haematological and radiological investigations were normal. Haematoma of the right rectus sheath was considered. Ultrasound scan of the abdominal wall was requested and this showed clearly a large cystic area in the right rectus sheath, consistent with a haematoma (Figs 1 & 2).

Fig. 1 Ultra sound scan of the abdominal wall, showing large cystic area in right rectus sheath in the lower part of the film. The upper part of the film shows the left rectus muscle, which is normal.

The patient was treated conservatively and over the following few days his tenderness resolved. The recovery was uneventful and he was discharged from the Hospital.

Since then he has been seen as an out-patient and remains asymptomatic.

Fig. 2 Shows the same haematoma on enlarged film of ultra sound scan.

The use of ultrasound as a diagnostic tool in the assessment of the acute abdomen is well established but not fully utilised in most district general hospitals. Similarly, rectus sheath haematoma is a well-described clinical entity (Macbeth R. A., 1977). The usual source of haematoma is rupture of epigastric vessels, more commonly the vein than the artery, although sometimes it is caused by rupture of the rectus muscle itself.

Various aids to diagnosis have been described. Clinicians have aspirated the haematoma, but this is invasive and may be misleading. Both ultrasound and CT scan have been advocated and they are much more helpful (Spitz & Wyatt, 1977), although CT scan is expensive. Once diagnosed with confidence, conservative management can be continued as most haematomata resolve spontaneously. Follow-up monitoring can also be continued with ultrasound scan which is non-invasive.

I recommend that ultrasound scanning should be employed as a routine method of investigation in suspected cases.

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REFERENCES

- Macbeth R. A. (1977) The abdominal wall, umbilicus, peritoneum, mesenteries and retro-peritoneum. In *Textbook of Surgery* 11, Sabiston D. C. Jr. Philadelphia, W. B. Saunders.
- Spitz H. B. & Wyatt G. M. (1977) Rectus sheath haematoma. *Journal of Clinical Ultrasound* 5, 413-6.