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Summary

MASSIVE INTRAMURAL DUODENAL HEMATOMA: AN UNEXPECTED POST-ERCP COMPLICATION

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A 48-year-old man developed a massive 10 cm intramural duodenal hematoma following ERCP with sphincterotomy, which resolved completely with conservative management over four weeks.

KEY POINTS

- Following ERCP for acute cholangitis and choledocholithiasis with difficult biliary cannulation and prophylactic pancreatic stent placement, the patient developed abdominal pain, bilious vomiting, melena, and a 4 gr/dL hemoglobin drop.
- Urgent duodenoscopy and abdominal angio-CT scan confirmed a massive duodenal wall hematoma measuring at least 10 cm without active bleeding, causing luminal obstruction.
- Conservative management with close clinical assessment was successful, with the patient discharged after twelve days and complete hematoma resorption documented on CT scan at four weeks.
- Intramural duodenal hematoma is a very rare complication after endoscopic intervention, typically caused by blunt trauma from the endoscope, and generally resolves spontaneously with supportive management, avoiding the need for invasive drainage procedures.

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