

Original Medical Image: Open Access

Traumatic Adrenal Hemorrhage

Cheng -Yu Wang¹ and Chun-Hung Chen^{1*}

¹ Emergency Department, China Medical University Hospital, Taichung, Taiwan

Received August 15, 2016; Accepted August 19, 2016; Published October 26, 2016

Clinical Presentation

The 44-year-old male with hypertension and diabetic presented in the emergency department with torso pain after motor vehicle crash 30 minutes ago. The pain was located at right upper quadrant, flank, chest and back. Vital signs were stable. The sonography showed ascites over Morison's pouch. The laboratory data showed GOT of 462 U/L and GPT of 497 U/L. The results of contrast-enhanced computed tomography (CT) were as following: (1) right adrenal gland hematoma with contrast extravasation (Figure 1, Figure 2), (2) liver laceration Grade II (Figure 1), (3) pelvic fracture (Figure 3). He received conservative treatment and discharged smoothly 20 days later.

Traumatic adrenal injury is a relative rare event which is reported in 0.15 to 4% of the blunt abdominal trauma cases [1]. Adrenal trauma is unilateral in 75–90 % of cases and most commonly affects the right adrenal gland [2]. The clinical management of adrenal trauma is usually directed by concomitant injuries, while the adrenal trauma itself is most often managed conservatively [3]. In addition, the most common CT manifestation of adrenal trauma is 2–3-cm oval hematoma [2]. Finally, the adrenal injury is an important indicator of the severity of trauma and associated with increased morbidity and mortality [2], such as in this case.



Figure 1. Right adrenal gland hematoma with contrast extravasation.

Corresponding author: Chun-Hung Chen, Emergency Department, China Medical University Hospital, Taichung, Taiwan.

Citation: Wang C Y & Chen C H (2016) Traumatic Adrenal Hemorrhage. Int J Med Clin Imaging, 1(1): 5-7.

Copyright: ©2017 Wang C Y & Chen C H. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

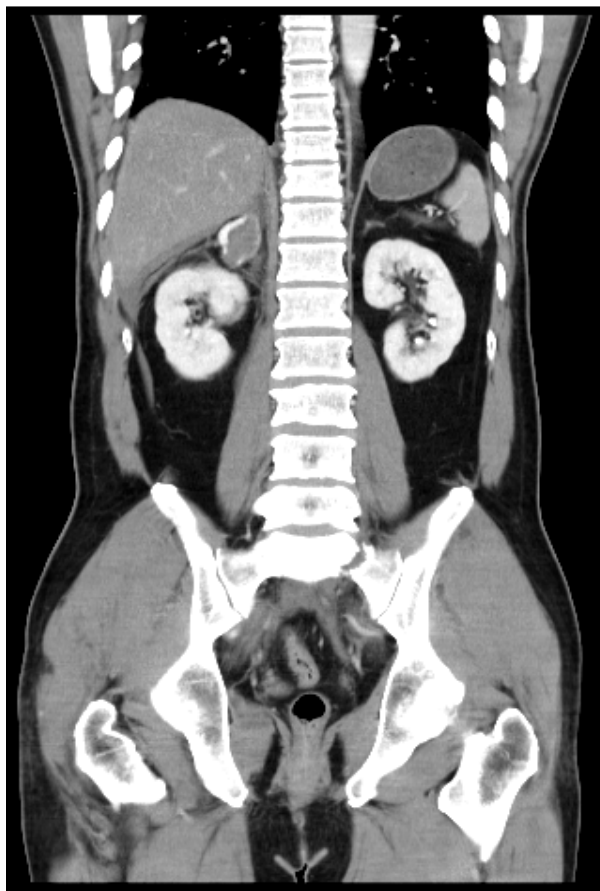


Figure 2. Right adrenal gland hematoma with contrast extravasation.

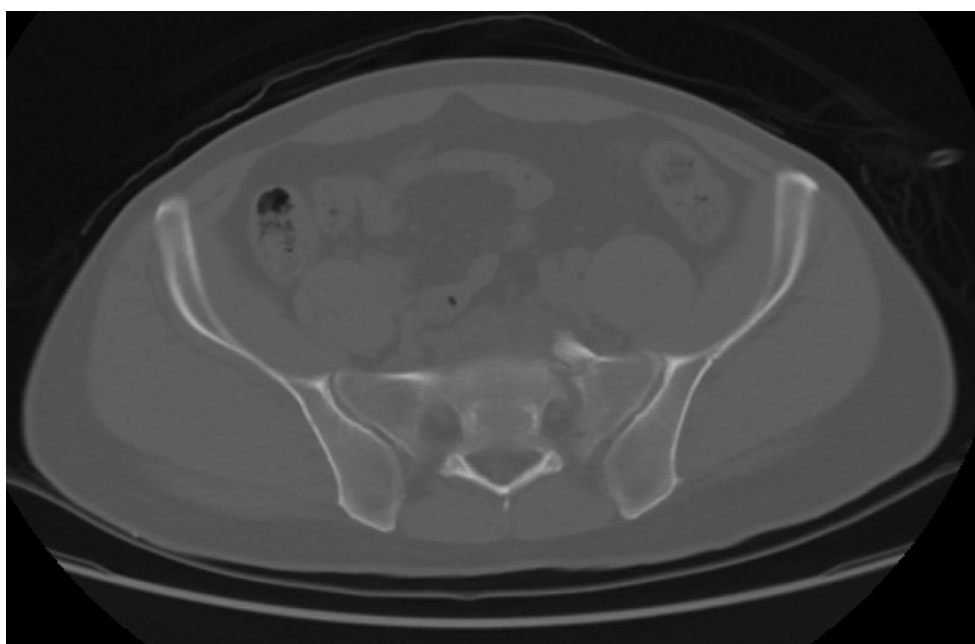


Figure 3. Left sacral alae fracture.

REFERENCES

1. Ramchandani P, Buckler PM. Imaging of genitourinary trauma. *AJR Am J Roentgenol* 2009 192(6):1514–1523.
2. Sinelnikov AO, Abujudeh HH, Chan D, Novelline RA. CT manifestations of adrenal trauma: experience with 73 cases. *Emerg Radiol* 2007 13(6):313–318.
3. Chien-Hung Liao, Chun-Hsiang Ouyang, Yu-Pao Hsu. The current status and management of blunt adrenal gland trauma. *Surgery* 2015 157(2):338-343.