RADIOLOGY CASE PRESENTATION

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PATIENT HISTORY

- 82 YO Man with gastric adenocarcinoma and prostate cancer s/p radiation, CVA X2 with dysarthria, Afib w/ IVC filter, not on anticoagulation, and recent hospitalization for GI bleed 1/3 – 1/7 requiring 2 units RBCs.

- Presented 1/31/2020 for near syncope and fall.

- Patient reported multiple episodes of black loose stools, and after going to the bathroom he felt lightheaded and went back to bed. He then had a 1 foot fall from the bed to the carpeted floor. He denied LOC or hitting his head. EMS was called and the patient was hypotensive to 75/15 with tachycardia to the 120s. EMS also noted black tarry stools in the bathroom.

- In the ED HGB was 8.1 with a lactate of 10, and he received a 2 L bolus and 2 units of packed RBCs. BP normalized and CTA was done.

- Patient was admitted to floor.

- Home Meds: Atropine ophthalmic solution, Home oxygen 1L, lorazepam, morphine, pantoprazole, and senna-docusate
Splen ic laceration with subcapsular hematoma
AAST SPLEEN INJURY SCALE

- **grade I**
  - subcapsular hematoma <10% of surface area
  - parenchymal laceration <1 cm depth
  - capsular tear

- **grade II**
  - subcapsular hematoma 10-50% of surface area
  - intraparenchymal hematoma ≤5 cm
  - parenchymal laceration 1-3 cm in depth

- **grade III**
  - subcapsular hematoma >50% of surface area
  - ruptured subcapsular or intraparenchymal hematoma ≥5 cm
  - parenchymal laceration >3 cm in depth

- **grade IV**
  - any injury in the presence of a splenic vascular injury* or active bleeding confined within splenic capsule
  - parenchymal laceration involving segmental or hilar vessels producing >25% devascularisation

- **grade V**
  - shattered spleen
  - any injury in the presence of splenic vascular injury* with active bleeding extending beyond the spleen into the peritoneum

*vascular injury refers to any splenic artery or vein injury.
METASTATIC DISEASE
IVC FILTER AND PE
HYPERCOAGULABILITY DUE TO METASTATIC DISEASE

• Cancer cells can potentially express procoagulant activity and normal cells may as well in response to tumor.

• Tumor compression, bed rest, infection and therapies associated with the tumor also promote a hypercoagulable state.

• Clinically apparent VTE’s are present in as many as 10% of cancer patients

• Patient has an IVC filter but is not on anticoagulants despite multiple CVA’s due to GI bleeds.

• The PE is an incidental finding that is consistent with patient history of disease burden
INTERVERTEBRAL DISC VACUUM PHENOMENON
INTERVERTEBRAL DISC VACUUM PHENOMENON

• Typically results from the accumulation of nitrogen gas within the intervertebral discs that is associated with intervertebral disc degenerative disease

• Differential
  • Vertebral osteomyelitis
  • Schmorl node formation
  • Spondylosis deformans
  • Vertebral body collapse

• Patient has multilevel spondylosis of the lumbar spine with spinal stenosis