

Picture Quiz

Abdominal Pain in a patient receiving low molecular weight heparin

U Nandy, GI Varughese, N Iqbal, TJ Constable.

Case History

A 63 year old lady with known ischaemic heart disease was admitted to hospital with cardiac sounding chest pain. Blood pressure was 161/80 on admission, and full examination was unremarkable. ECG showed ischaemic changes in the inferior leads, and a diagnosis of unstable angina was made. Troponin I was undetectable. She was treated with subcutaneous Enoxaparin 1.5mg/kg and an intravenous nitrate infusion. Her pain settled the

following day, allowing the nitrate infusion to be weaned off, although the Enoxaparin treatment was continued, pending a cardiology opinion. On the third day after admission she collapsed on the ward with a blood pressure of 95/59mmHg; examination revealed lower abdominal tenderness with a mass in the right iliac fossa. Blood tests showed that her haemoglobin had dropped by 5 grams/decilitre, she underwent urgent abdominal ultrasound followed by CT (see below).

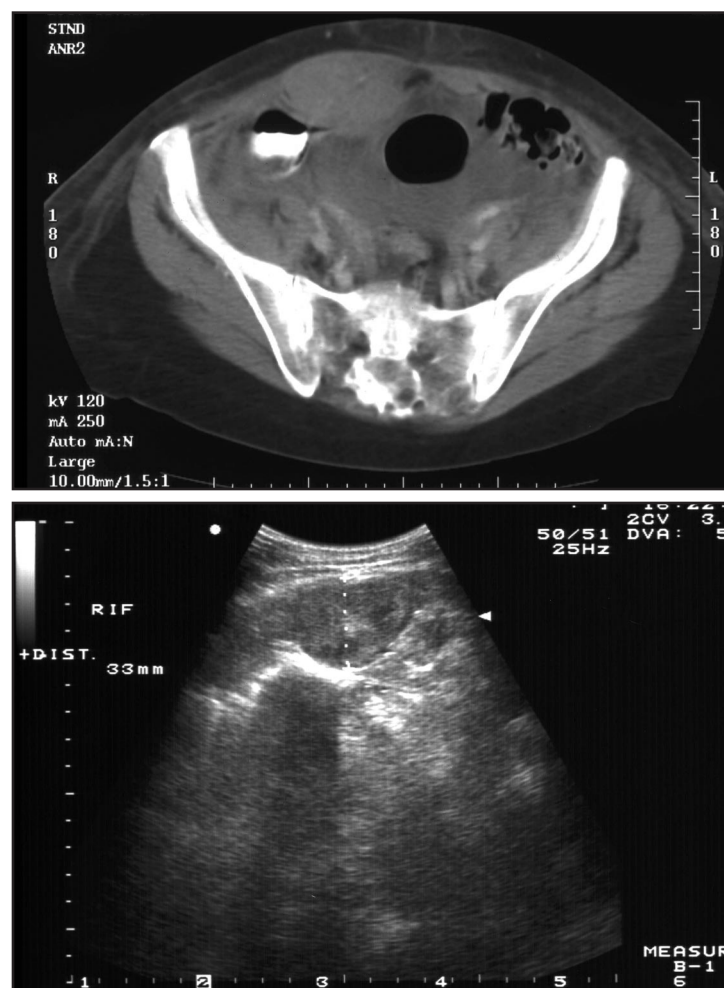
U Nandy
MD, MRCP (Ireland),
MRCP (UK)
Specialist Registrar in
Genito-Urinary Medicine,
Leicester Deanery,
Leicestershire, UK

GI Varughese
MRCP (Ireland), MRCP
(UK)
Clinical Research Fellow,
ASCOT Centre, City
Hospital, Birmingham/
Specialist Registrar in
Endocrinology, West
Midlands Deanery

N Iqbal
MRCP
Specialist Registrar in
Endocrinology, Trent
Deanery, Nottinghamshire

TJ Constable
FRCP
Consultant Physician,
Manor Hospital, Walsall

Correspondence:
TJ Constable
Department of Medicine
Manor Hospital, Walsall,
WS2 9PS, West Midlands,
UK



Questions:

What is the abnormality?

What is the likely cause?

Answer is on page 75