PP017 ISOLATED ADRENAL HAEMORRHAGE IN BLUNT ABDOMINAL TRAUMA

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INTRODUCTION

Adrenal gland hemorrhage is an uncommon injury following blunt abdominal trauma. It poses high mortality rate as it is frequently associated with adjacent organ or skeletal injuries.

CASE REPORT

We report a case of 16-year-old female who presented to our emergency department for blunt trauma following a high-speed motor vehicle collision as a helmeted motorcyclist. On arrival, her Glasgow coma score was 5/15 and required endotracheal intubation for airway protection. Physical examination revealed right periorbital hematoma and bruises over left upper chest. Her abdomen was otherwise soft with no acute peritoneal signs. A focused assessment with sonography for trauma (FAST) examination was performed and found to be negative. A computed tomography (CT) scan of abdomen was subsequently performed owing to the hypotensive episode in emergency room which demonstrated right adrenal haematoma measuring 10.3cm x 7.6cm x 14cm causing compression to adjacent inferior vena cava. The left adrenal gland is otherwise normal and no other solid abdominal organ injury is found. Her condition deteriorated and she eventually succumbed to her injuries 12 hours after trauma.

DISCUSSION

Isolated adrenal haemorrhage is rare following blunt abdominal trauma due to its deep retroperitoneal position with cushioning effect by surrounding tissues. Abdominal CT scan is the most useful diagnostic modality compared to ultrasound in assessing retroperitoneal structures. Isolated adrenal gland haemorrhage is usually treated conservatively but cases of active adrenal haemorrhage requiring transarterial embolization have been reported. Prompt corticosteroid treatment can be life-saving in adrenal insufficiency secondary to bilateral adrenal glands haemorrhage.

CONCLUSION

Abdominal examination findings could be unreliable in early trauma assessment. This case highlights the importance of early identification of bleeding at retroperitoneal space in patients with hemorrhagic shock and negative FAST.