

# **RADIOLOGY CASE PRESENTATION**

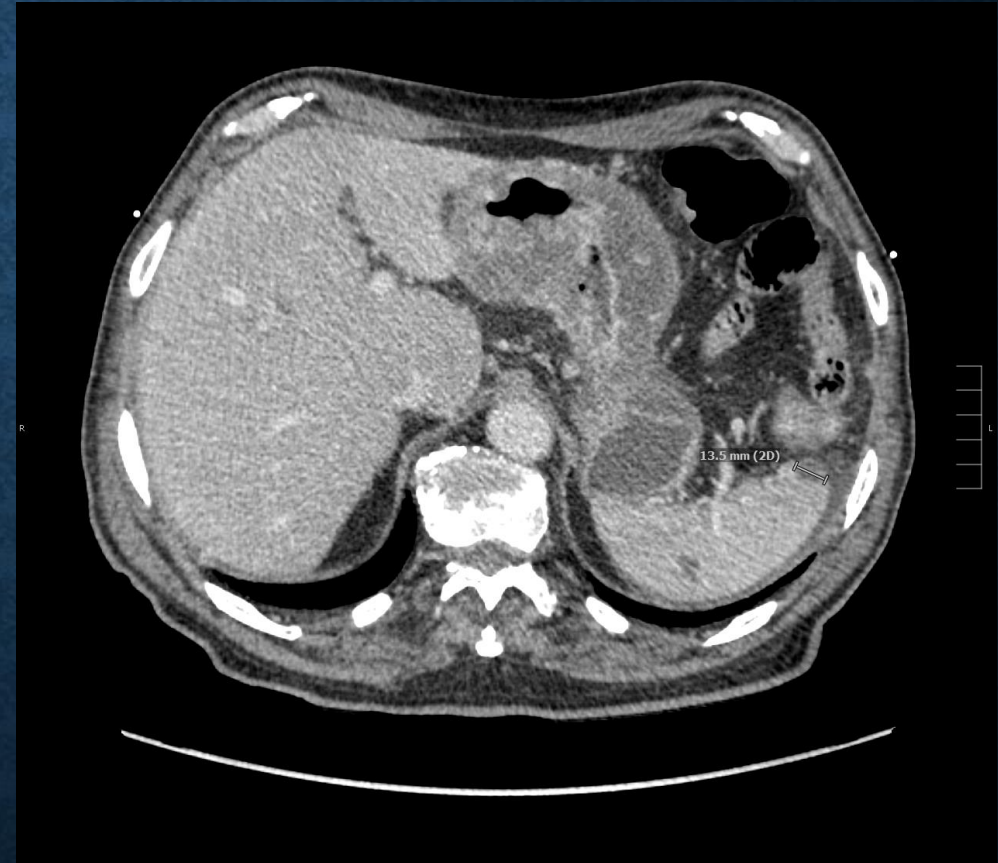
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# PATIENT HISTORY

- 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



# SPLENIC LACERATION WITH SUBCAPSULAR HEMATOMA

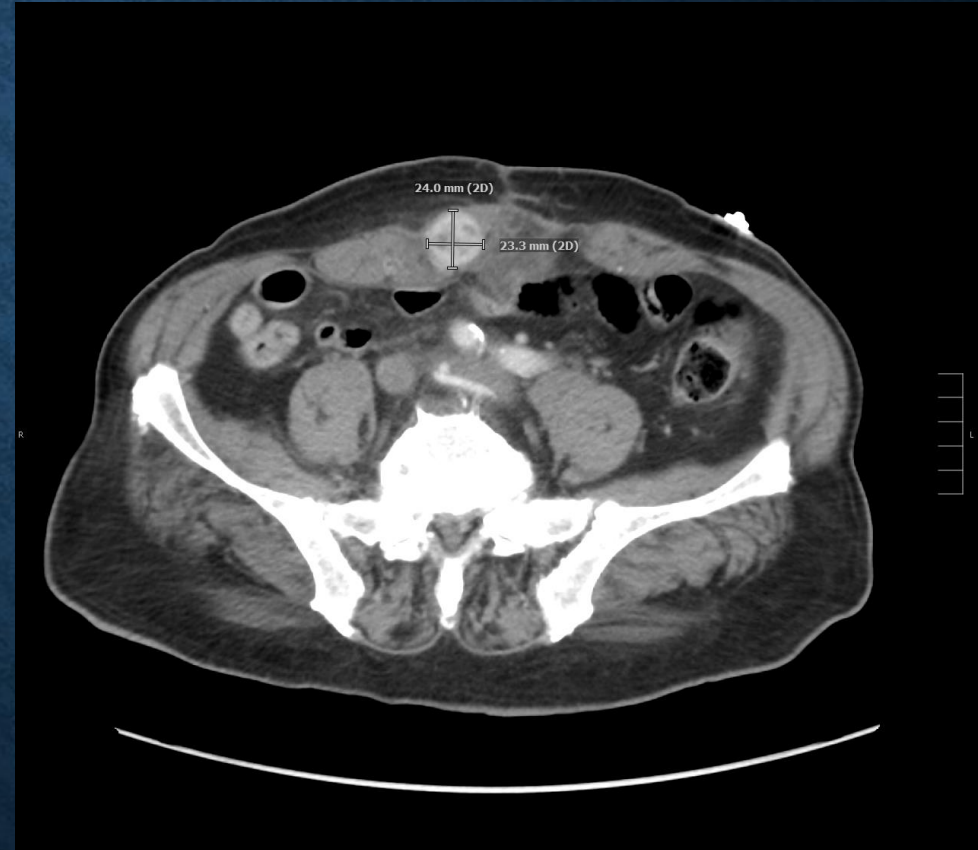


# AAST SPLEEN INJURY SCALE

- **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



# 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