Iliopsoas haematoma our experience

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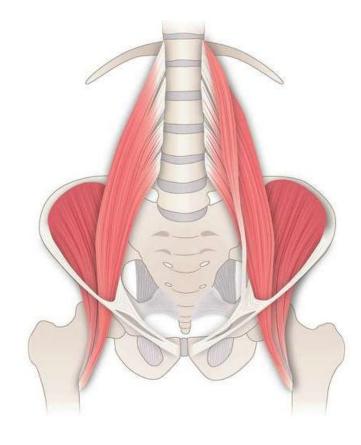






M. iliopsoas

- origin
 - m. psoas m.– vert. T12–L5, proc. costarii L1–L5
 - m. iliacus iliac fossa, iliac crist, linea arcuata
- Insertion
 - Femoral lesser trochanter
- Innervation
 - Femoral nerve (L2-4), lumbal plexus (L1-L3)
- Function
 - Flexion of the tigh, external rotation, auxiliary adductor
- Blood supply
 - External iliac a, femoral a, obturator a



Iliopsoas haematoma (IPH)

- Clinical presentation
 - Pain, haematoma, muscle dysfunction, nerve palsy (femoral)
- Predisposing and contributing factors
 - Minor trauma, increased intra-abdominal preassure, iatrogenic causes
- Risk factors
 - Antiocoag. meds, coagulopathy, haemophilia, age, diabetes, covid-19
- Diagnostic imagining
 - CT, US, (X-ray, MRI, EMG)
- Lab tests
 Haemoglobin, platelets, INR, APTT, aXa

Iliopsoas haematoma (IPH)

- Treatment
 - Incision + drainage surgery
 - Percutaneous drainage
 - Conservative blood transfusion, fresh frozen plasma, Vitamin K, Tranexamic acid
 - Angiography + embolism
- Complications: haemodynamic instability, infection (DM!)
- Mortality rate: 4-20%

Our Experience – cohort of patients in year 2022

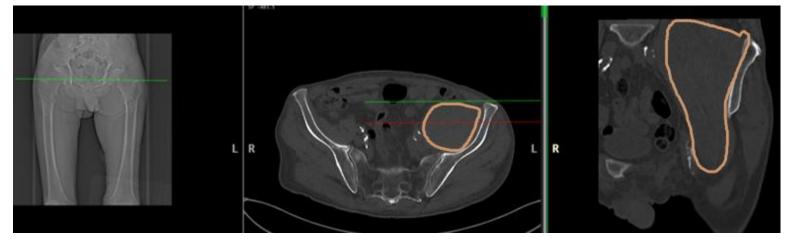
	sex	age	ВМІ	anticoag med.	cause	treatment	Hosp. days	outcome
1	F	89	21	+	Minor t.	Conserv.	9	discharged
2	M	31	28	(coagulopathy)	Indetermin.	Surgery	9	discharged
3	F	73	24	0	Minor t.	Surgery	13	discharged
4	M	80	20	+	Minor t.	Surgery	15	discharged
5	F	76	22	+	Indetermin.	Surgery (2x)	72	discharged

Male, age 80

- stepped down a larger step and suddenly groin pain appeared (minor trauma)
- Hip movement 0-90, no rotations, groin pain, groin ekchymosis
- RF: At. Fibrilation (Apixaban(Eliquis) 5mg 1-0-1)
- Treatment:
 - Surgery Evacuation of hematoma
- Hospital days: 15







Male, age 31

- Cause: Indeterminate
- Palpable groin resistance, hip movement 15-90, no rotations, groin pain, Hypoesthesia of the thigh
- RF: known coagulopathy
- Treatment:
 - Monitoring + Tranexamic acid
 - Surgery Evacuation of hematoma
- Hospital days: 9







Female, age 73

- Cause: had a massage (minor trauma) intramuscular injection (iatrogenic)
- Palpable groin resistance, hip movement 10-90, rotations 0-10, groin pain, Hypoesthesia of the thigh
- RF: not known
- Treatment:
 - Surgery Evacuation of hematoma
- Hospital days: 13





Discussion:

- According to literaute:
 - Real incidence is still unknown, rare condition
 - Most often, it is due to the combination of **minor trauma** and **anticoagulants**, in many cases the cause is still unclear
 - Approaches to the problem vary, and the recommended course of action has not yet been established
 - Mortality rate: 4-20%

Conclusion:

- In 2022, we had an epidemic of IPH at our clinic
 - We can't say for sure why this happened
 - We have taken a proactive approach that we can recommend
 - Ilioinguinal (Letournel) approach illiac window
 - All our patients were discharged without further complications

Literature:

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• Thank you for your attention