

中文題目：登革出血熱患者自發性腹外及腹內斜肌肌壁間血腫

英文題目：Spontaneous external and internal oblique muscle intramuscular hematoma in dengue hemorrhagic fever

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**Introduction** : Dengue fever, may complicate with spontaneous bleeding such as skin, nasal, or gastrointestinal bleeding. The spontaneous intramuscular hematoma in dengue hemorrhagic fever (DHF) is rare. The intramuscular hematoma or bleeding often related with hemophilia. We report an unusual case of intramuscular bleeding in external and internal oblique muscle with Dengue fever presenting with hematoma and diagnosed by computed tomography (CT).

**Case Presentation** : A 77-year-old female presented with one-day history of fever, back pain, and abdominal fullness with poor appetite and nausea before presentation. The fever subsided after on the 4<sup>th</sup> day after illness onset. The nadir of platelet count was 11,000 cells/ul at the 6<sup>th</sup> day of illness. She started to complain of left flank pain on the same day. There was no bruise noted over the body surface. Palpation of abdomen was markedly tenderness with guarding over left flank regions. There was neither contusion nor trauma history while hospitalization or before admission. Bedside echo showed suspected fluid accumulation over the left flank. Therefore, the non-contrast computed tomography was done and it showed Intramuscular hematoma over the External and internal oblique muscle. At the 8<sup>th</sup> day of hospitalization, large area of ecchymosis was noted over her left flank.



**Conclusions** : The spontaneous intramuscular hematoma in external or internal oblique muscle associated with Dengue hemorrhagic fever causing flank pain is extremely rarely seen. The more common spontaneous abdominal wall hematoma was

rectus sheath hematoma. Although the intramuscular hematoma was rare seen in DHF, it should be kept in mind while the patient complaining abdominal or flank pain.