

P133**Conservative management of traumatic acute intramural hematoma of duodenal 2nd and 3rd portion: A case report and review of literature**

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Introduction : Traumatic intramural duodenal hematoma (IMDH) is a rare disease occurring usually in children. The treatment modality varies according to the symptoms, clinical manifestations and complications represented by patients. Here we introduce a case of a young man with a IMDH caused by traumatic event, who has been treated nonoperatively for 3 weeks and has been discharged with no specific complications.

Methods : A 17-year-old male patient who had been vomiting and had poor oral intake for 4 days was admitted to our institution. We decided to take MRI scan . The source of the GI symptoms revealed in MRI scan was found to be the acute intramural hematoma of duodenal 2nd and 3rd portion.

Results : Total parenteral nutritional therapy with adequate fluid replacement and nil per os (NPO) was applied. The patient was able to take some sips of water or small bites of fruits with no abdominal discomfort or vomiting. The patient resolved in symptoms of vomiting and poor oral intake, we decided to further follow up the CT scan after 1 month of discharge. 7 weeks after the admission, the intramural hematoma located in 2nd to 3rd portion of duodenum has completely resolved with very minimal periduodenal fluid left.

Conclusions : Patient with traumatic acute intramural hematoma of duodenal 2nd and 3rd portion have excellent clinical outcomes with conservative therapy.

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