

Abdominal Haematoma – a Mesotherapy Complication

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Sir,

Mesotherapy is a treatment directed at the mesoderm-derived tissues (bone, fat, muscle, cartilage) by injection of multiple compounds. Since first described by Pistor (1), it has been used for multiple purposes such as musculoskeletal and dermatological pathologies, aesthetics and chronic pain (2). In the last few years some side effects have been described (3). The utility of mesotherapy in the treatment of localized obesity is increasing because of its vasodilator and lipolytic potential (4). A major complication resulting after mesotherapy in the treatment of localized obesity is reported here.

CASE REPORT

A 50-year-old Caucasian woman reported epigastric pain, nausea with progressive worsening with vomiting and abdominal tumefaction in the last 7 months. Two months before the beginning of the complaints the patient had undergone a mesotherapy for obesity in the abdominal wall, with 11 applications of siliceous and vegetal extracts. No coagulopathies, traumas or accidents were known.

At physical examination, a 10-cm painful and hard-feeling palpable mass was discovered in the epigastric region. There were no evident skin lesions on the abdominal wall. Because of the prevalence of digestive complaints, the patient was submitted to an upper gastrointestinal endoscopy that revealed an extrinsic compression on the anterior wall of the gastric corpus without mucosa lesions.

The abdominal ultrasonography showed a 6-cm heterogeneous mass, caudal to the xiphisternum, compressing the anterior gastric wall. To clarify this lesion, a CT scan was performed and confirmed the solid mass (6.5 × 4.5 cm) compressing the gastric wall and the transverse colon and infiltrating the mesenteric structures. These findings were suggestive of an abdominal sarcoma. A total colonoscopy was performed, which proved to be normal.

In view of the suspicion of sarcoma, an exploratory laparotomy was performed, revealing a tumoral-like lesion of the gastric wall and the adjacent structures, suggestive of sarcoma. A subtotal gastrectomy with a

gastrojejunal anastomosis was performed without complications. The pathological study revealed a 4-cm capsulated nodule. The histological evaluation showed an organized haematoma, without any evidence of malignancy. After surgery the symptoms disappeared and the patient has remained asymptomatic for 12 months.

DISCUSSION

Most of the described adverse effects of mesotherapy are minor complications without a relevant morbidity. Small, easily reabsorbed haematomas appear frequently at the puncture areas, depending on the experience of the person who conducts these treatments. Voluminous haematomas, as a result of abdominal wall manipulation are not, as far as the authors know, described in the literature. In this case report, the absence of coagulopathy and traumatic history allow us to establish a relationship between the haematoma appearance and the abdominal wall manipulation during mesotherapy. The insidious local haemorrhage, probably resulting from vessel laceration during mesotherapy, led to a haematoma that enlarged progressively, which explains the appearance of complaints several months after the therapy. With this case report we expect to alert physicians of rare side effects of mesotherapy.

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