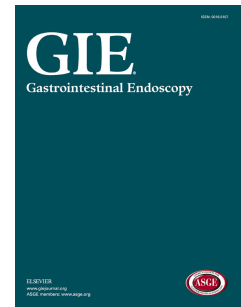


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An uncommon diagnosis done by colonoscopy

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An uncommon diagnosis done by colonoscopy***By***Costa RS ¹ MD, Costa JM ¹ MD, Ferreira A ¹ MD, Gonçalves R ¹ MD, Rolanda C ^{1,2} MD PhD¹ Department of Gastroenterology, Braga Hospital, Portugal² Life and Health Sciences Research Institute (ICVS), School of Health Sciences, University of Minho, Braga, Portugal**Corresponding author:**

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A 74-year-old female with a previous history of alcoholism and chronic subdural haematoma presented at the emergency department with a lipothymia. No recent trauma was noticed. She was hemodynamically stable (blood pressure: 100/50 mm Hg and heart rate: 96 bpm). Her labs only showed a decrease in hemoglobin to a value of 10.3 g/dL (2 months before it was 15 g/dL). Although she was without visible GI bleeding, abdominal pain, or digestive complaints, endoscopic examinations were requested. The upper endoscopy showed normal results, but the colonoscopy showed shifting patches of bluish discoloration throughout the colon (A and B), raising the hypothesis of hemoperitoneum. An abdominal CT with contrast was performed and showed hemoperitoneum secondary to splenic rupture with subcapsular hematoma (C and D). The patient continued to be hemodynamically stable and, due to her comorbidities, a conservative approach was adopted. The follow-up CT at day 9 showed a significant improvement of the splenic hematoma.

