Figure 1: Edema and dilatation of small intestine loops with gp s g levels.

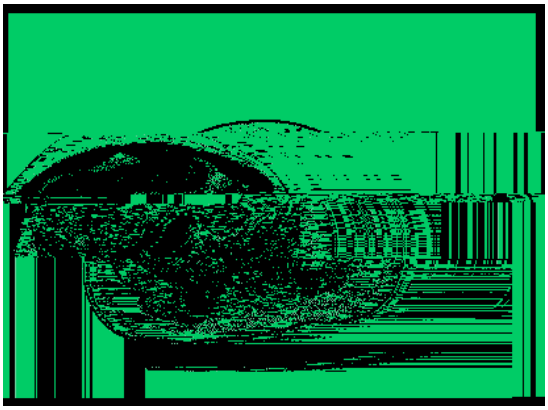

Figure 2: Parietal thickening of a wide segment of the jejunum with homogeneous enhancement cp the administration of intravenous contrast. It loses its normal layered structure and shows hypodensity of the submucosa, associated with dilatation of the proximal segments, compatible with submucosal hemorrhage.

c patient was hospitalized with digestive rest and nasogastric decompression. Also, plasma factor VIII with high concentration of von Willebrand factor was administered intravenously every 12 hours for seven days, with monitoring of FVIII:C>80% and a gradual descent of the need to administer FVIII. In addition, no anemization was observed and the patient did not require support with a transfusion or iron. c pain disappeared progressively and cpu p the patient started oral diet with good tolerance. c control CT scan performed 7 days cp admission shows that the hematoma had resolved completely and the patient was discharged with no recurrences so far.

Discussion

It is known that the most common cause of intramural spontaneous hematoma in the small intestine is the intake of oral anticoagulants [1]. Gastrointestinal bleeding in hemophiliac patients may appear in between 10% and 25% of the cases, and up to 85% of them are due to peptic ulcers [3]. c c es pc have been growing over the last years due to the introduction of nonsteroidal rg g rmp drugs in the w treatment of chronic hemophilic arthropathy [4]. Bleeding on the intestinal wall is rare [5]. According to the literature, and extending the review carried out by Katsumi et al. in 2006 [6], there are 33 described cases of intramural hematoma of the gastrointestinal tract from 1964

APCC, bMb[illegible]

	Age	Coagulation function (activity of Factor VIII)	Inhibitor titer (BU/mL)	Location in the gastrointestinal tract	Treatment	Reference
1	20	Hemophilia A	-	Jejunum	FVIII	This report
2	7	Severe hemophilia A	>10	sigma	APCC, rVIIa	[8]
3	37	Hemophilia A	-	Distal ileum	FVIII	[7]
4	17	Severe hemophilia A (<1%)	1048	Jejunum	APCC, rVIIa	[6]
5	34	Severe hemophilia A	High	Jejunum	rVIIa	[5]
6	74	Mild hemophilia A	27	Small intestine	APCC, rVIIa	[10]
7	78	Acquired FVIII inhibitor	>15	Esophagus	Intravenous human immunoglobulin, oral prednisolone, and oral cyclophosphamide	[22]
8	n.s	Hemophilia A	-	Esophagus	FVIII	[23]
9	14	Severe hemophilia A (<1%)	-	Jejunum	FVIII	[11]
10	47	Severe hemophilia A	0.9	Small intestine	FVIII	[12]
11	31	Hemophilia A (4.5%)	-	Esophagus	Cryoprecipitate and antituberculous treatment	[24]
12	Child	Hemophilia	-	Duodenum	Deferred surgery	[26]
13	Child	Hemophilia	-	Duodenum	Deferred surgery	[26]
14	Child	Hemophilia	-	Duodenum	Conservative therapy	[26]
15	Child	Hemophilia	-	Duodenum	Conservative therapy	[26]
16	31	Hemophilia A	-	Small intestine	Laparotomy	[13]
17	40	Hemophilia A	-	Jejunum	FVIII	[13]
18	8	Hemophilia A	-	Proximal jejunum, jejuno-jejunal intussusception	FVIII, laparotomy	[28]
19	9	Severe hemophilia A	4~8	Stomach	FVIII	[17]
20	34	Hemophilia A	Positive	Small intestine	FVIII	[14]
21	19	Hemophilia A	-	Small intestine	FVIII	[14]
22	47	Hemophilia A	-	Jejunum	FVIII	[14]
23	16	Hemophilia B	-	Ileocolic intussuception	FIX	[14]
24	23	Severe hemophilia A (<1%)	-	Stomach	Cryoprecipitate	[19]
25	13	Severe hemophilia A (<1%)	-	Ileocolic intussuception	Cryoprecipitate, barium enema reduction	[27]
26	38	Hemophilia A	-	Esophagus	FVIII	[23]
27	22	Hemophilia A	-	Stomach	Cryoprecipitate	[18]
28	16	Hemophilia A	-	Small intestine	Fresh blood	[15]
29	8	Hemophilia A	-	Stomach	Anti-hemophilic globulin	[20]
30	15	Hemophilia A	-	Ileum	Anti-hemophilic globulin	[16]

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