

Figure 1. Computed tomographic image (sagittal section) of the chest showing a destructive lesion (open arrow) occupying a large part of the T8 vertebra and to a lesser extent T3.

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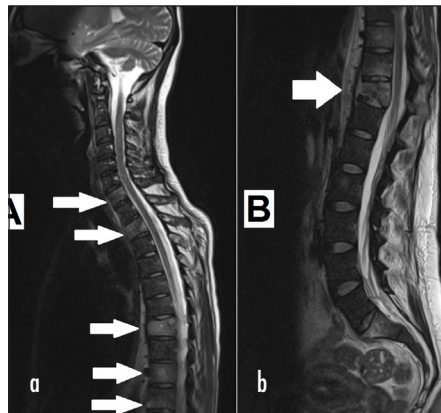


Figure 2. Magnetic resonance images of the (a) cervical and (b) thoracic spine showing lytic lesions (solid arrows) in a number of vertebrae.

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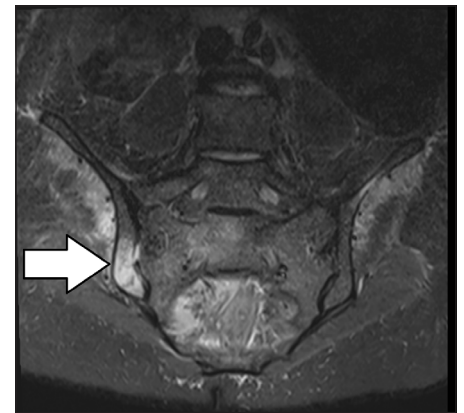


Figure 3. Magnetic resonance scan of the pelvis showing an abnormality in the iliac bone (arrow) on the right side of the pelvis. This STIR (short TI inversion recovery) image suppresses the fat signal and shows up marrow oedema as a bright signal.

LEARNING POINTS

- Anaplastic large cell lymphoma is a rare (<5%) type of non-Hodgkin's lymphoma.
- Axial skeletal lytic lesions are associated with a poor prognosis.
- Anaplastic large cell lymphoma typically (although not uniquely) displays the cell membrane protein antigen CD30.

IMAGES IN MEDICINE

Obscure intra-abdominal bleeding

A 73-year-old frail woman attended accident and emergency with lower abdominal pain and nausea in hypovolaemic shock. She was on chemotherapy for recurrent right parotid adenocarcinoma and on therapeutic low molecular weight heparin for atrial fibrillation. Clinical examination revealed tachycardia with atrial fibrillation, hypotension and a soft but tender abdomen with bruising along her flanks. Prompt resuscitative measures were insti-

tuted; a clinical diagnosis of intra-abdominal bleed was established and contrast-enhanced computed tomography showed a 10 x 8 cm retroperitoneal haematoma with evidence of recent active bleeding (*Figure 1*).

Since she responded well to initial resuscitative measures, a conservative approach

was taken to manage her retroperitoneal bleed, with in-hospital monitoring, discontinuing the heparin and keeping a close eye on her coagulation profile. Her recovery was uneventful and a serial computed tomography scan showed ongoing resolution of the bleed (*Figure 2*). **BJHM**

Figure 1. Initial computed tomography scan showing retroperitoneal haematoma.



Figure 2. Interval computed tomography scan (6 weeks) showing partial resolution of haematoma.



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