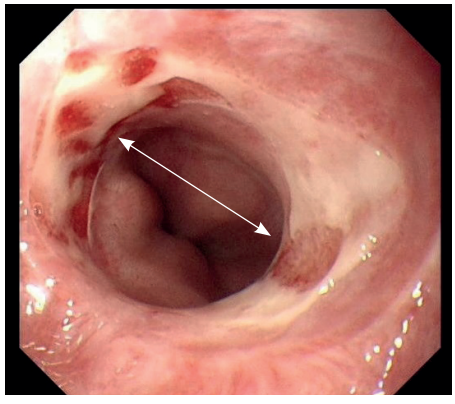
Figure 3. Sixteen days after the procedure, the endoscope passed freely into the gastric cavity through the ligation site (arrow).



considered if obstruction is recognized early. Only two cases reported successful removal of the band with a reusable loop cutter and a clear cap (de Melo, 2011; Kwiatt and Merchant, 2016), but the endoscopist should be aware that the process of removing the band can cause bleeding and/or perforation (Chahal et al, 2013). Most patients were treated conservatively without further intervention. A subset of patients who still have dysphagia can be treated with dilatation therapy (Hilmi et al, 2011). BJHM

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LEARNING POINTS

- Complete oesophageal obstruction may be avoided by careful suctioning of the varix rather than use of excessive suction, especially when there are some mucosal scars after previous ligation procedures.
- Active manipulation to alleviate the obstruction is generally not successful, but conservative management will generally lead to a good result.

Spontaneous iliopsoas haematoma leading to kidney ischaemia

A 76-year-old frail man who was taking anticoagulants complained of severe left lower back and flank pain radiating to the groin and anterior thigh. No history of fall or minor trauma was reported. Physical examination revealed a wide haematoma at the left flank and lower abdomen, and forced flexion of the left hip. Urgent abdominal computed tomography showed a large left iliopsoas muscle haematoma (volume 2354 ml), with active signs of bleeding and medial dislocation of the left kidney (*Figure 1a–c*). He underwent super-selective endovascular embolization of the active bleeding sites. Post-origin occlusion of the left renal artery was noted, but multiple attempts to revascularize it were unsuccessful. The patient developed disseminated intravascular coagulopathy and died.

Spontaneous iliopsoas haematoma is a rare but serious and potentially lethal complication of anticoagulation treatment (Maruyama et al, 2016). Prompt diagnosis and subsequent medical endovascular or surgical treatment is essential for a good prognosis (Ferro et al, 2010; Popov et al, 2017). BJHM

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Figure 1. **a.** Axial and **(b)** coronal abdominal computed tomography showing a huge left iliopsoas muscle haematoma (*) and medial dislocation of the left kidney (arrowhead). **c.** Coronal abdominal computed tomography volume rendering technique reconstruction that shows the medial dislocation of the left kidney (arrowhead).