

**Antikoagülan Doz Aşımına Bağlı Spontan Pelvik Kanama ve Rektus Kılıf Hematomu:
Olgu Sunumu**

**Spontaneous Pelvic Hemorrhage and Rectus Sheath Hematoma Due to Anticoagulant Overdose:
A Case Report**

Serdar ÖZDEMİR 

Department of Emergency Medicine, University of Health Sciences Umraniye Training and Research Hospital, Istanbul, Turkey



Öz

Hemorajik olaylar, bu sürekli oral antikoagülasyon tedavisi alan hastalarda sık görülen komplikasyonlardır.

75 yaşında bayan hasta acil servise karın ağrısı şikâyeti ile başvurdu. Hastanın koroner bypass ameliyatı öyküsü mevcuttu ve warfarin kullanıyordu. Fizik muayenesinde karnının alt kadranda hassasiyeti vardı. INR değeri 9.11 idi. Bilgisayarlı tomografide pelvik hematoma ve rektus kılıf hematomu izlendi. Hasta konservatif olarak taze donmuş plazma ile tedavi edildi. Başvurmasından 2 gün sonra komplikasyon gelişmeksizin taburcu edildi.

Özellikle yaşlı hastalar antikoagülanların yan etkileri konusunda bilgilendirilmelidir.

Anahtar Kelimeler: antikoagülan, spontan pelvik kanama, rektus kılıf hematomu, warfarin

Abstract

Hemorrhagic events are common complications in patients receiving this continuous oral anticoagulation therapy.

A 75-year-old female patient applied to the emergency service with abdominal pain. The patient has coronary bypass surgery and she has been using warfarin since then. In physical examination she had tenderness in the lower quadrants of her abdomen. Her INR value was 9.11. Computed tomography showed pelvic hemorrhage and rectus sheath hematoma. Patient was treated conservatively with fresh frozen plasma. She was discharged without any complications 2 days after her application.

Especially elderly patients should be informed about the side effects of anticoagulants.

Keywords: anticoagulant, spontaneous pelvic hemorrhage, rectus sheath hematoma, warfarin

INTRODUCTION

Warfarin is one of the most widely used drugs in the prevention and treatment of thromboembolic events (1). Hemorrhagic events are common complications in patients receiving this continuous oral anticoagulation therapy and are seen in approximately 10% of cases (2). Major bleeding, which may be in the form of minor or major bleeding, is frequently in the form of intracranial or retroperitoneal bleeding (2,3).

In this case report, we aimed to present the coexistence of two non-traumatic hematomas due to anticoagulant use in the same case.

CASE REPORT

A 75-year-old female patient applied to the emergency service with abdominal pain existing since yesterday, as well as nausea and vomiting. In the anamnesis of the patient, it is seen that there is diabetes mellitus, hypertension, coronary heart disease and coronary bypass surgery in his history. The patient was operated 10 years ago, and she has been using warfarin since then. On his physical examination, the vital signs of the patient were recorded as follows: pulse: 97 beats/min, rhythmic, blood pressure: 110/ 80 mmHg, respiratory rate: 14 breaths/min, room air oxygen saturation: 98% and body temperature: 36.1 °C. The physical examination revealed that the general status was moderate, and there was tenderness in the lower quadrants

of her abdomen. The other system examinations were within normal limits. Electrocardiography (ECG) and echocardiography were normal except for sinus tachycardia. The laboratory results were glucose:133 mg/dl, urea: 64,2 mg/dl, creatinine:2.23 mg/dl, alanine amino transferase (ALT):97 U/L, aspartate amino transferase (AST):150 U/L, amylase: 125 U/L, lipase: 30 U/L and INR: 9.11.

The findings of computed tomography also showed swelling of the right rectus muscle. There was a heterogenous density 116x61 mm in the subcutaneous tissue on the left lateral side of the umbilicus (Figure 1). A second hematoma with a maximum axial diameter of 133 x 155 mm was observed in heterogeneous density extending from the anterior - superior aspect of the pelvis in the left paramedial of the minor pelvis (Figure 2).



Figure 1. Computed tomography shows rectus sheath hematoma

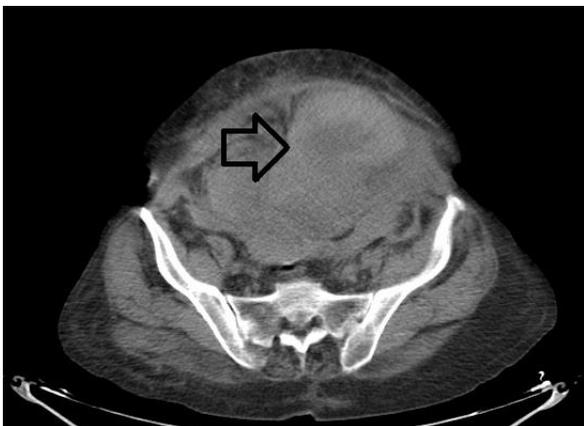


Figure 2. Computed tomography shows an anterior pelvic hematoma

Fresh frozen plasma (dose 15 ml/kg) was given intravenously. At the sixth hour control examinations, her vital signs were stable, and the increased PT and INR values were found to be within target ranges, as 18.8 and 2.3. The patient was hospitalized for pain control and INR monitoring for two days. The patient was referred to the cardiology clinic for his INR monitoring, and was discharged from the hospital uneventfully and asymptomatic for about 2 days after her application. The patient her family were informed that this condition was the side effect of the drug she had taken.

DISCUSSION

Spontaneous pelvic hemorrhage is uncommon cause of abdominal pain. It usually caused by Obstetric - Gynecological pathologies: such as ruptured ectopic pregnancy, HELLP syndrome, ruptured ovarian cyst. Vascular pathologies such as ruptured abdominal aortic aneurysm and coagulopathies are rare causes of spontaneous pelvic hemorrhage (4). Spontaneous Anticoagulant related pelvic hematoma is often associated with anticoagulant overdose (5).

Rectus sheath hematoma is usually seen in the context of blunt abdominal trauma or anticoagulation therapy (5). The pathogenesis is bleeding and hemorrhage secondary to rupture of one of the epigastric arteries or rectus abdominis muscle tear. Abdominal pain is reported as the most common symptom in 84–97% of cases (5,6). Other symptoms are an abdominal wall mass, positive abdominal guarding, nausea, and vomiting (6). In our case, the cardinal symptom was abdominal pain and nausea and vomiting accompanied.

Computed tomography is the preferred radiological method because it can exclude other acute abdominal causes, although ultrasonography is often enough for diagnosis in spontaneous pelvic hematoma and rectus sheath hematoma (6).

The therapeutic options for both hematomas can be conservative or invasive (7-9). Conservative management that is based on adequate analgesia, rest, and reversal of anticoagulation is more frequently chosen treatment modality. Surgery is considered in hemodynamically unstable patients with expanding hematoma, and not responding to medical resuscitation with blood transfusion and IV fluids (9). In our case, conservative treatment was applied, and the patient was discharged without any complications.

Conclusion

As a result, warfarin is an agent used in anticoagulant therapy and may cause hemorrhagic complications. The elderly patients are particularly at risk for hemorrhagic complications of anticoagulants. Elderly patients and their relatives should be informed about the use and side effects of anticoagulants.

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