

Enoxaparin sodium

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Thrombocytopenia, spontaneous haematoma of the muscles and gastrointestinal bleeding: 2 case reports

In a retrospective cohort study of 105 patients who were hospitalised at Azienda Ospedaliera Ospedali Riuniti Marche Nord (Pesaro), Italy between 15 March 2020 to 27 April 2020 with COVID-19 pneumonia, two patients were described: A 66-year-old man developed gastrointestinal bleeding during treatment with enoxaparin sodium while an 87-year-old man developed thrombocytopenia and spontaneous haematoma of the muscles during treatment with enoxaparin sodium [*not all dosages and outcomes stated; time to reaction onsets not stated*].

A 66-year-old man, who had acute gastritis, presented with a severe COVID-19. He was admitted with COVID-19 pneumonia. He started receiving thromboembolism prophylaxis with SC injection of enoxaparin sodium [enoxaparin]. However, he developed gastrointestinal bleeding for acute gastritis with active bleeding erosions. The gastrointestinal bleeding was considered to be secondary to enoxaparin sodium. Enoxaparin sodium was discontinued. He was transfused three units of packed red blood cells and transferred to ICU. However, 7 days later, he died due to central venous catheter related-septic shock [aetiology not stated].

An 87-year-old man, who had chronic kidney disease, presented with severe COVID-19. He was admitted with COVID-19 pneumonia. He started receiving thromboembolism prophylaxis with SC injection of enoxaparin sodium [enoxaparin] 40 mg/day. He also received concomitant treatment with aspirin. However, he developed moderate thrombocytopenia with lowest platelet count being 70×10^3 platelets/mm³. Enoxaparin sodium was discontinued. Subsequently, he also developed spontaneous haematomas of the sternocleidomastoid muscles, bilaterally and of the left adductor muscles. He required prolonged hospital stay and transfusion of 3 units of packed red blood cells. A diagnosis of enoxaparin sodium-induced spontaneous haematoma and thrombocytopenia was considered. His haematoma and thrombocytopenia resolved. Later, he was discharged in a post-acute care facility 7 days after the onset of bleeding, without any recurrence.