

Heparin/warfarin

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Epistaxis and lack of efficacy: case report

A 51-year-old man developed epistaxis during treatment with heparin for phlegmasia cerulea dolens. In addition, he exhibited lack of efficacy during thrombosis prophylaxis with warfarin [*not all routes stated; dosages not stated*].

The man, who was diagnosed with COVID-19 pneumonia, started receiving remdesivir. He was placed on vasopressor support and bilevel positive airway pressure (BiPAP). He had been receiving thrombosis prophylaxis with warfarin, which was held due to a supratherapeutic INR in the background of COVID-19 pneumonia. His respiratory status subsequently improved, and he was weaned to a non-rebreather mask. However, during hospitalisation, he developed bilateral deep vein thromboses in spite of thrombosis prophylaxis with warfarin, indicating lack of efficacy. Therefore, on hospital day 7, he was transferred to another centre for higher level of care. Thereafter, his INR down-trended but remained supratherapeutic.

The man was treated with vitamin K. The following day, his INR improved. He was diagnosed with phlegmasia cerulea dolens, for which he started receiving a heparin drip (infusion) with vitamin K. The heparin infusion was titrated since his partial thromboplastin time was abnormal. He started receiving off-label convalescent-anti-SARS-CoV-2-plasma [convalescent plasma] for the COVID-19 infection. Further analyses raised suspicions for compartment syndrome; hence, he underwent mechanical thrombectomy. He developed cellulitis of the left lower extremity [*aetiology not specified*], which was managed with unspecified antibacterials [antibiotics]. He ultimately required below-the-knee amputation due to dry gangrene of his left foot. Further, he developed epistaxis secondary to heparin [*duration of treatment to reaction onset not stated*], which was treated with nasal packing. He was eventually discharged to an acute rehabilitation unit on warfarin.

Jamshidi N, et al. Mechanical thrombectomy of COVID-19 DVT with congenital heart disease leading to phlegmasia cerulea dolens: a case report. BMC Cardiovascular Disorders 21: 592, No. 1, 9 Dec 2021. Available from: URL: <http://doi.org/10.1186/s12872-021-02403-w> 803631200