

Heparin/thrombomodulin- α

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Bleeding leading to multiple haematomas: case report

A 77-year-old man developed bleeding leading to multiple haematomas during treatment with heparin and thrombomodulin- α for anticoagulation therapy [*routes, dosages and durations of treatments to reactions onset not stated*].

The man presented to the hospital following a sustained fall because of weakness and fever. Subsequently, he was diagnosed with coronavirus disease 2019 (COVID-19). Examination also showed typical signs of pneumonia. Thereafter, he received favipiravir and tocilizumab (off label use) to manage COVID-19 in spite of the unconfirmed effect of these drugs on COVID-19. At his ICU stay, new onset paroxysmal atrial fibrillation (Af) was observed. Following the fall, there was no haematoma on the body surface, hence it was suggested that there was no active bleeding. It was decided to initiate heparin and the dose was increased. Additionally, he received thrombomodulin- α [ART-123; thrombomodulin] seeing the hypercoagulation status. On day 5 following the admission, an improvement in his respiratory condition was observed and he was extubated. But, an anterior chest haematoma was noted the next day. The haemoglobin level dropped indicating continuous bleeding. CT scan showed multiple hematomas containing a massive chest haematoma with active extravasation and an obturatorius internus muscle haematoma.

An emergency transcatheter embolisation (TAE) was suggested and the angiography suite was arranged before his transfer. TAE was advanced from the right common femoral artery. Thereafter, a digital subtraction angiography (DSA) of the left axillary artery was carried out. Extravasation was noted at the acromial branch of the left thoracoacromial artery and the second source of extravasation was the left lateral thoracic artery. Consequently, extravasations from these arteries were embolised using gelatin coil and sponge. Haemostasis following TAE was established using DSA of the subclavian artery. Following TAE, the bruising of the chest wall diminished. Seven days following the TAE, he was discharged from the ICU. A follow-up CT revealed that the chest hematoma had decreased in size and there were no signs of pseudoaneurysm and extravasation. He was shifted to another hospital the next day.

Shiraki H, et al. An experience of multiple hematomas in a coronavirus disease-19 patient administered with art-123 and heparin. Open Access Emergency Medicine 13: 207-211, Jan 2021. Available from: URL: <http://doi.org/10.2147/OAEM.S302732>

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