

## Enoxaparin sodium

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### Haematemesis and melena: case report

In a case series involving five patients, a 53-year-old man was described, who developed haematemesis and melena during anticoagulant therapy with enoxaparin sodium.

The man (patient 5 of the article) was admitted to the hospital with loss of consciousness for 1 day and fever and cough for 4 days. His medical history was significant for hypertension and type 2 diabetes. He was eventually diagnosed with COVID-19. He was placed on ventilator and was treated with remdesivir. Thereafter, SC enoxaparin sodium [enoxaparin] 4000IU every 12h was initiated as an anticoagulant therapy, due to risk of thrombosis associated with COVID-19. On the 3<sup>rd</sup> day after initiation of anticoagulant therapy, the D-dimer value was 3.1 µg/mL. On the 4<sup>th</sup> day of enoxaparin sodium therapy, he developed bleeding complications of enoxaparin sodium in the form of haematemesis and melena.

The man's therapy with enoxaparin sodium was therefore discontinued. On the hospital day 5, the D-dimer score was 0.45 µg/mL. He was extubated on day 7 of hospitalisation. Eventually, he recovered from COVID-19 and was discharged from the hospital. No clinical symptoms were noted at discharge.

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