

Rectus Sheath Hematoma due to Clopidogrel and Enoxaparin

Klopidogrel ve Enoksaparinin Neden Olduğu Rektus Kılıfı Hematomu

Hasan Sunar¹, Mehmed Yanartaş¹, Serpil Taş¹

¹ Department of Cardiovascular Surgery, Kosuyolu Heart Center, Kartal, Istanbul, Turkey

¹ Kartal Koşuyolu Yüksek İhtisas Eğitim ve Araştırma Hastanesi, Kalp ve Damar Cerrahisi Kliniği, İstanbul, Türkiye

A 70-year-old woman who was taking clopidogrel and enoxaparin for six days because of transient ischemic attack complaint abdominal pain and constipation. She had also chronic renal disease. On physical examination, a mass was palpated in the left side of the abdomen. Computed tomography revealed hematoma in the left rectus sheath extending laterally, with thickening of left abdominal wall. A large amount of hematoma filling the sheaths of abdominal wall muscles also constricts entire abdomen (Figure 1). The creatinine clearance rate was 14 mL/minute, blood urea level was 123 mg/dL, serum creatinine level was 4.5 mg/dL. The hemoglobin level was 8.5 g/dL, and the prothrombin time was 15.8 seconds (international normalized ratio, 1.31). Clopidogrel and enoxaparin treatment were discontinued. Nasogastric tube was inserted. The patient received fresh-frozen plasma and red cells.

Rectus sheath hematoma is an uncommon but serious bleeding complication associated anti-coagulant and anti-agregant therapies in especially elderly women⁽¹⁾.

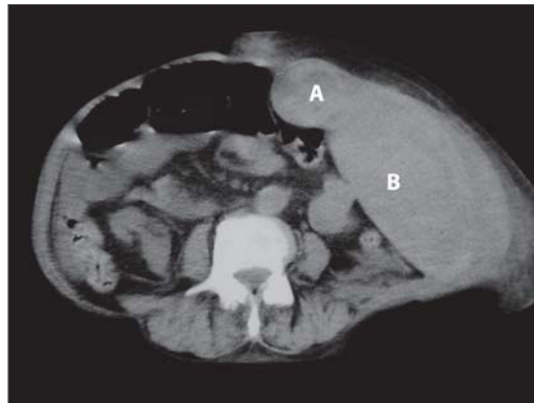


Figure 1. Hematoma spreading along left rectus abdominis muscle (A) and pararectal muscles' (B) sheaths.

Yazışma Adresi/
Correspondence

Dr. Mehmed Yanartaş

Kartal Koşuyolu Yüksek İhtisas
Eğitim ve Araştırma Hastanesi,
Kalp ve Damar Cerrahisi Kliniği,
Denizer Caddesi Cevizli Kavşağı No: 2
34846
Cevizli, Kartal, İstanbul-Türkiye

e-posta
myanartas@yahoo.com

Renal impairment also decrease the clearance of enoxaparine. Several authors recommend a reduction in enoxaparine dosing in patients with creatinin clearance lower than 30 mL/minute⁽²⁾. Management of rectus sheath hematoma depends on its severity. Conservative treatment is usually sufficient⁽³⁾. Surgical intervention should be considered when hemodynamic stability can not be achieved with conservative treatment.

REFERENCES

1. *Dag A, Ozcan T, Turkmenođlu O, Colak T, Karaca K, Canbaz H, et al. Spontaneous rectus sheath hematoma in patients on anti-coagulation therapy. Ulus Travma Acil Cerrahi Derg 2011;17:210-4.*
2. *Lim W, Dentali F, Eikelboom JW, Crowther MA. Meta-analysis: low molecular weight heparin and bleeding in patients with severe renal insufficiency. Ann Intern Med 2006;144:673-84.*
3. *Aykan A, Oguz A, Yildiz M, Ozkan M. A rare case of spontaneous rectus sheath hematoma in patient with mechanical prosthetic aortic and mitral valves. Cardiovasc J Afr 2012;23:e14-5.*