

OH GOSH! IT'S A BLEED!

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Introduction

- Bleeding is a well-recognized complication of warfarin.
- We present a patient who developed spontaneous retroperitoneal haemorrhage secondary to warfarin over-anticoagulation.

Case description

- A 47-year-old man with a history of atrial fibrillation (AF) on warfarin presented with a two-day history of right-sided abdominal pain and vomiting. He had no history of trauma.
- He was clinically pale, and abdominal examination revealed a right-sided tender mass.
- Soon later, he developed syncope and compensated shock.
- Blood results showed anaemia (haemoglobin 7.7d/dl), coagulopathy (International normalized ratio >6) and acute kidney injury (urea 12.8mmol/L, creatinine 185umol/L).
- Ultrasound abdomen noted a heterogeneous hypoechoic collection in the right kidney measuring 7.9 x 9.4 x 16.4cm with the presence of layering, correlating with prolonged INR; findings may represent right subcapsular hematoma (Figure 1).
- CT Angiography renal reported right kidney subcapsular hematoma with perirenal and pararenal extension with active arterial haemorrhage at the right kidney's posteroinferior aspect (figure 2).
- Blood transfusion and intravenous vitamin K were administered.
- The surgery team subsequently performed a nephrectomy and inferior vena cava (IVC) repair, which revealed massive retroperitoneal clots intraoperatively.
- He was discharged well after ten days of admission.

Discussion

- The challenge in using warfarin is the disparity in adverse effects within each individual.
- Retroperitoneum space can be a site of significant bleeding and harbour sizable hematomas due to its highly vascular nature.
- It poses a diagnostic dilemma because clinical appearance can be insidious.
- Delay in diagnosis can lead to significant morbidity or mortality.
- Nevertheless, once suspected, it can rapidly be detected using bedside ultrasound and CT scan.

Conclusion

- Retroperitoneal bleed should be suspected in shock patients on warfarin without any obvious clinical signs.
- Early reversal of coagulopathy and surgery team involvement is essential.
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- The authors have no conflicts of interest to disclose.

References

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Figure 1: USG Abdomen
There is a heterogeneous hypoechoic collection seen at the upper pole of right kidney (RK) measuring 7.9 x 9.4 x 16.4cm (AP x W x CC).

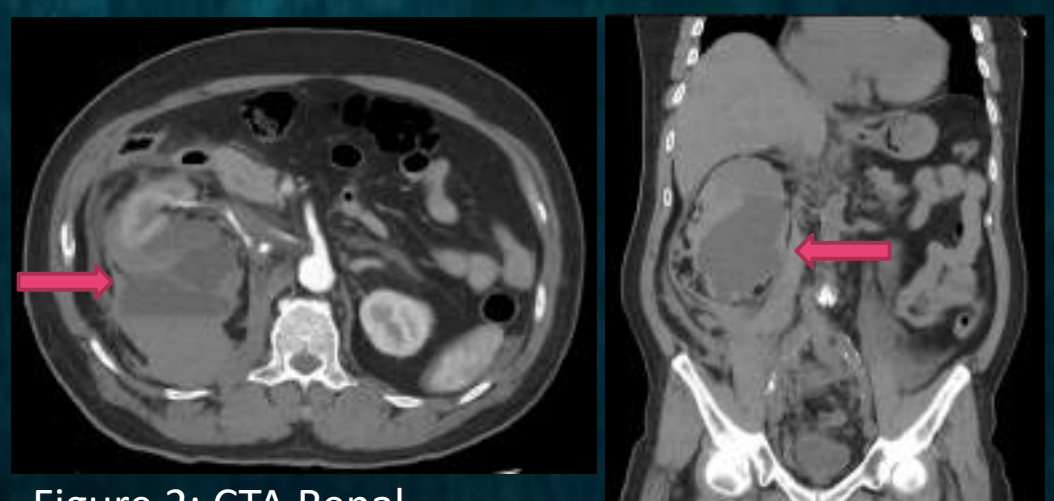


Figure 2: CTA Renal
There is a large subcapsular hematoma of the right kidney extending to the perirenal and pararenal region measuring 10.4 x 9.2 x 13.2cm