Rectus Sheath Hematoma due to Clopidogrel and Enoxaparin

Klopidogrel ve Enoksaparinin Neden Olduğu Rektus Kılıfı Hematomu

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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 women¹.

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