

Original Images

# “Submucosal Hematoma of Oropharynx Due to Positive Airway Pressure Therapy During Anticoagulant Use”

## “Antikoagülan Tedavi Sırasında Pozitif Hava Yolu Basıncı Cihazı Kullanımına Bağlı Orofarinks Submukozasında Hematom”

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A 58-year-old woman with COPD, Type II respiratory insufficiency and multifocal atrial tachycardia was taking medical and BIPAP therapy. She was using warfarin sodium for 6 months. She was admitted to the hospital with sore throat and ecchymoses on the right hemithorax.

On physical examination, we observed widespread ecchymoses starting from the submandibular area to the anterior surface of the right hemithorax (Figure 1). Hematoma covered uvula, soft palate and sublingual area (Figure 2,3). Her neck was edematous and painful. On auscultation of the lungs decreased breath sounds were heard and expiration was prolonged.

The laboratory studies revealed the following: Hemoglobin, 10.7g/dL; hematocrit, 32.8%; CRP, 4.9mg/dL; sedimentation, 48mm/h; PT, >120s; PTT, 98.7s; and INR could not be measured.

She was diagnosed as warfarin intoxication with hemorrhagic complication augmented with the barotrauma of BIPAP device. Treatment with vitamin-K injection and 6 units of fresh-frozen plasma were administered. Warfarin sodium and BIPAP therapy were stopped till normalisation of INR values for about 3 days. Arterial blood gases revealed a PaCO<sub>2</sub> of 78mmHg and BIPAP

therapy was restarted. Warfarin sodium indication was due to chronic multifocal atrial tachycardia so this therapy was restarted under close observation. She was extened on the 5th day of her hospital stay.

During chronic anticoagulation, patients should be informed about the risks of hemorrhagic complications and be reminded of close follow up anticoagulation parameters (INR,PT,PTT). Our patient is the first case presented with a hemorrhagic complication due to barotrauma of BIPAP therapy with prolonged bleeding time.

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Figure 1: Large ecchymotic area starting from the submandibular area to the anterior surface of the right hemithorax and an edematous neck.



Figure 2: Hematoma on the uvula and soft palate.

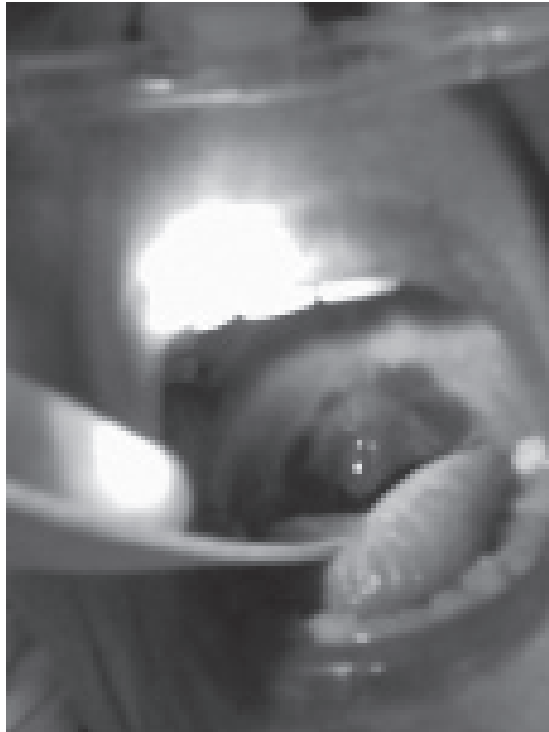


Figure 3: Hematoma on the sublingual area.

