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Spontaneous Buccal Hematoma Secondary to Enoxaparin Treatment in a Patient with Acute Coronary Syndrome

Akut Koroner Sendromlu Bir Hastada Enoksaparin Tedavisine Sekonder Gelişen Spontan Buccal Hematom

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A 73-year-old man referred to our hospital because of chest pain. He had a history of chronic renal disease and coronary artery stenting one year ago. The patient did not have any medical history of bleeding disorder. The patient was on beta blocker, acetylsalicylic acid, clopidogrel and statin therapy. Although physical examination revealed nothing remarkable, there were negative T waves in the I and aVL leads. Laboratory data were as follows creatinine: 2.2 mg/dl, haemoglobin: 13 g/dl, hematocrit: 39%, platelets: $306 \times 10^9 / L$, prothrombin time: 10.7 seconds, activated-partial thromboplastin time (aPTT): 26.9 seconds, international normalized ratio (INR): 0.86, troponin I: 0.9 ng/ml. Low molecular weight heparin (enoxaparin) 1 mg/kg subcutaneously once a day was ordered. Patient underwent a coronary angiography with the diagnosis of

acute coronary syndrome. The coronary angiogram revealed 95% of the stenosis in the proximal segment of the left anterior descending artery (LAD). A bare metal stent was implanted in the LAD. In the second day of the admission, there was a 30x20 mm hematoma in the buccal mucosa of the patient (Figure 1). The patient was clinically stable. Enoxaparin treatment was then stopped. In the following days, hematoma had regressed in size. In this case, we presented a buccal hematoma which occurred during enoxaparin treatment for acute coronary syndrome. In the literature, there are many reports regarding the enoxaparin induced spontaneous bleeding [1, 2], however, to our knowledge this is the first report related to enoxaparin induced bleeding causing buccal hematoma.

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Figure 1. Photograph showing 30x20 mm spontaneous hematoma in the buccal mucosa secondary to enoxaparin treatment.

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