

Difficulties in Monitoring Antithrombotic Therapy in Patients with Atrial Fibrillation and Post-traumatic Hepatic and Splenic Visceral Haematomas

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In the evolution of cardiac patients with AF, antithrombotic treatment favours the occurrence of haemorrhagic complications in conditions of apparently minor traumas – with voluminous visceral haematomas requiring medical-surgical and therapeutic management, clinical investigation and therapeutic monitoring.

Objective: To evaluate the difficulties in AF antithrombotic treatment of patients with minor traumas, with complications through the development of large hepatic /splenic haematomas.

Materials and methods: The study presents the clinical cases of two patients, aged 83 and 70 years, with AF and hypertension, undergoing anticoagulant treatment who presented a fall, followed by abdominal chest pain, physical asthenia. Clinically, the patients presented pallor, bilateral pleural fluid, painful hepatomegaly and splenomegaly, respectively, sensitive abdomen, being investigated initially in emergency department and monitored in evolution.

Results: Ultrasound imaging showed in the first case a large subcapsular hepatic haematoma – 16/9 cm and a large splenic haematoma in the other. Visceral haematomas were favoured by the need of anticoagulant treatment in atrial fibrillation, in conditions of trauma (without signs of overdose). Anticoagulation, haemostatic treatment and medical-surgical supervision were required. A surgical indication would have been at high risk. Antithrombotic treatment was allowed only after stabilization and resorption of haematomas.

Conclusion: The bleeding risk on anticoagulant therapy after apparently minor trauma in patients with atrial fibrillation, allows the occurrence of large hepatic and splenic haematomas, with therapeutic difficulties regarding both haemostasis and prevention of embolic complications.

Visceral haematomas in anticoagulated patients require clinical and therapeutical evolution control until their resorption. □