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Case Report

Novel oral anticoagulant induced upper limb haematoma: A case report

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ABSTRACT

The development of novel oral anticoagulant agents (NOACs) such as dabigatran, rivaroxaban, apixaban and edoxaban has given patients better treatment alternatives to aspirin, clopidogrel, heparin and warfarin, mainly for stroke prophylaxis in patients with non-valvular atrial fibrillation (NVAf), prophylaxis/treatment of venous thromboembolism (VTE) and also for the secondary prophylaxis of acute coronary syndromes. These agents are gaining in popularity due to their more stable pharmacokinetic profile, fewer drug interactions, as well as eliminating the need for routine monitoring.

NOAC induced haematomas of the upper limb are rare and there is no real consensus on management. We present a case of a 70-year-old male on rivaroxaban who developed a delayed onset intramuscular forearm haematoma after a simple fall onto his left arm. Simple elevation of the limb was successful in leading to resolution of symptoms. As these agents increase in popularity, clinicians need to be more aware of potential risks of treatment and subsequent management.

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Introduction

The development of novel oral anticoagulant agents (NOACs) such as dabigatran, rivaroxaban, apixaban and edoxaban has given patients better treatment alternatives to aspirin, clopidogrel, heparin and warfarin, mainly for stroke prophylaxis in patients with non-valvular atrial fibrillation (NVAf), prophylaxis/treatment of venous thromboembolism (VTE) and also for the secondary prophylaxis of acute coronary syndromes. These agents have a more stable pharmacokinetic profile, have fewer drug interactions, and can be administered in a standard dose without the need for routine monitoring, however, the risk of bleeding and haematoma formation remain.¹

We present a case of a 70-year-old male on rivaroxaban who developed a delayed onset intramuscular forearm haematoma after a fall onto his left arm. This case is of interest due to the unusual location of the haematoma and associated symptoms of ulnar nerve compression which are most likely due to previous ulnar nerve transposition. To our knowledge, this is the first report of a NOAC induced upper limb haematoma.

Case presentation

A 70-year old-male on anticoagulant therapy presented with pain and numbness in the ulnar nerve distribution of his left arm six days after a simple fall. The pain initially affected his wrist but gradually extended up to his elbow along with marked bruising. He also noticed progressive paraesthesia in the ulnar nerve distribution affecting his ring and little fingers. His motor function was not affected. His past medical history included, bilateral ulnar nerve decompression and transposition, bilateral carpal tunnel decompression, chronic back pain and atrial fibrillation managed with Xarelto (rivaroxaban). An MRI confirmed a 20×20×34 mm focal haematoma within the flexor digitorum superficialis muscle at the junction of the middle and distal thirds of the forearm (Figures 1 and 2). There was no evidence of ulnar nerve compression. No fracture was seen on x-ray. His coagulation profile revealed an

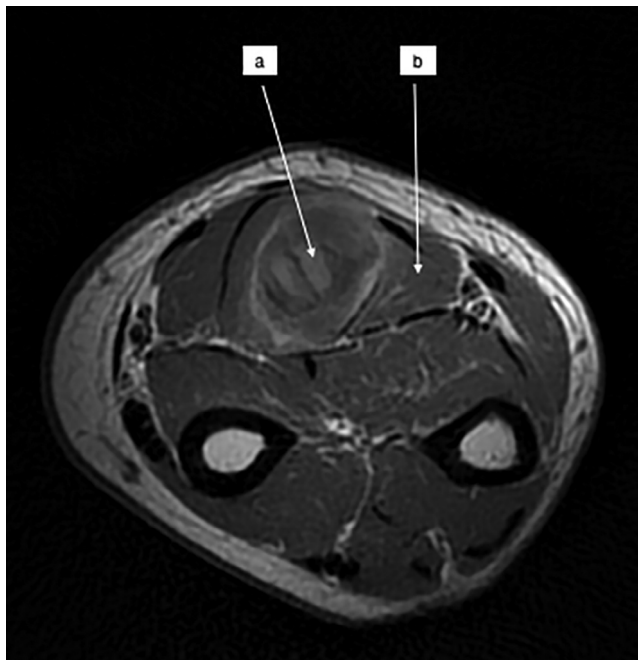


Figure 1. Forearm MRI in the axial plane, showing a focal haematoma (a) in the flexor digitorum superficialis muscle (b).

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