

# DIFFICULTIES IN MONITORING ANTITHROMBOTIC THERAPY IN PATIENTS WITH ATRIAL FIBRILLATION AND POSTTRAUMATIC HEPATIC AND SPLENIC VISCERAL HEMATOMAS

Maria Cristina Beznă<sup>1</sup>, Suzana Dănoiu<sup>2</sup>, Marinela Beznă<sup>3</sup>, Amelia Genunche-Dumitrescu<sup>3</sup>, Iulia-Andreea Voişneanu<sup>3</sup>, Larisa Săndulescu<sup>3</sup>

<sup>1</sup> Department of Cardiology, Emergency County Hospital Craiova, University of Medicine and Pharmacy of Craiova, Romania

<sup>2</sup> Department of Pathophysiology, University of Medicine and Pharmacy of Craiova

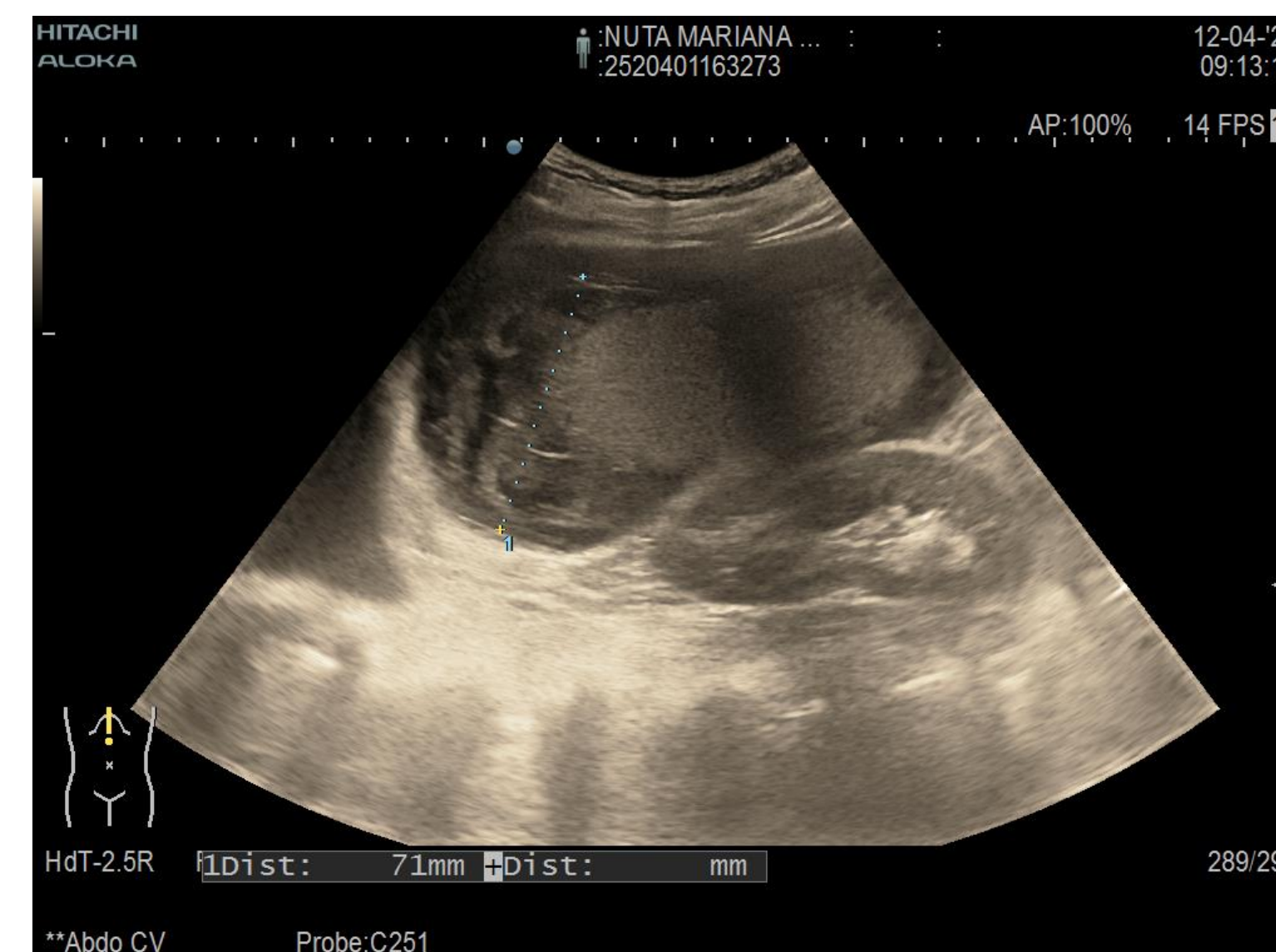
<sup>3</sup> Department of Internal Medicine, Emergency County Hospital Craiova, University of Medicine and Pharmacy of Craiova

In the evolution of cardiac patients with atrial fibrillation, antithrombotic treatment favors the occurrence of hemorrhagic complications in conditions of apparently minor traumas - with voluminous visceral hematomas requiring medical-surgical and therapeutic management - clinical investigation, therapeutic monitoring.

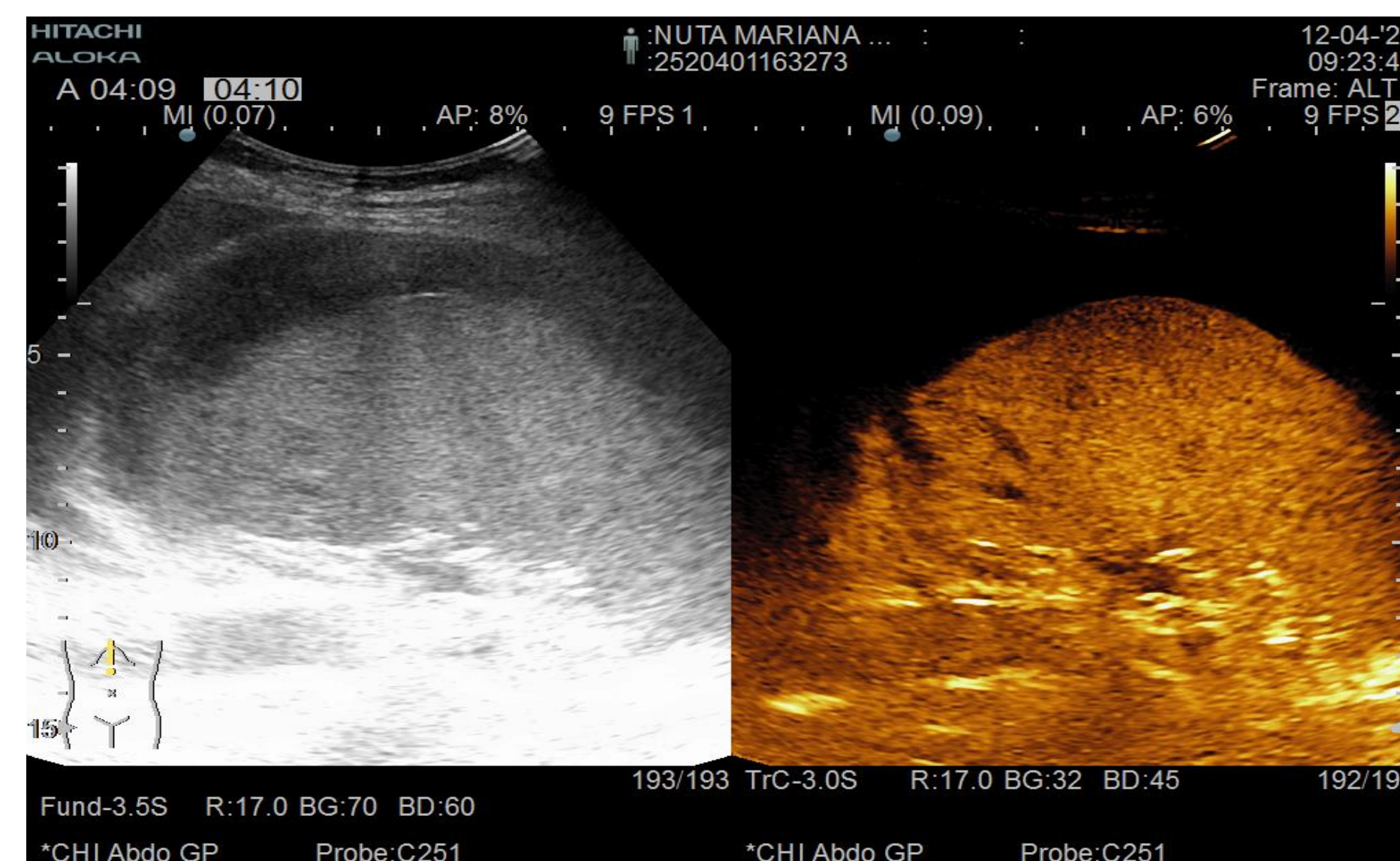
**Objectives:** To evaluate the difficulties in atrial fibrillation antithrombotic treatment of patients with minor traumas, with complications through the development of large hepatic /splenic hematomas.



Large subcapsular hepatic hematoma



Splenic hematoma



Splenic and perisplenic haematoma in ultrasound with contrast

**Results:** Ultrasound imaging showed in the first case a large subcapsular hepatic hematoma - 16/9 cm and a large splenic hematoma in the other. Visceral hematomas were favored by the need of anticoagulant treatment in atrial fibrillation, in conditions of trauma (without signs of overdose). Anticoagulation, hemostatic 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 hematomas.

## Conclusions:

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

2. Visceral hematomas in anticoagulated patients require clinical and therapeutical evolution control until their resorption.

**Materials and Methods:** The study presents the clinical cases of 2 patients, aged 83 and 70 years, with atrial fibrillation 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.