

Brief Commentary

e Spontaneous Iliopsoas Haematoma Presenting with Groin Pain under Warfarin Therapy

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A 68-year-old man was admitted with complaints of groin pain and restriction in the left hip movements for the last 3 days. The patient stated that he had been under warfarin treatment due to cardiac valve replacement. On admission, he was hemodynamically stable. Physical examination revealed paresthesia over the left thigh and restriction in left hip joint movements. The left groin was painful with palpation as well. Laboratory test results were consistent with decreased level of hemoglobin (10.5 g/dL) compared with 3 months ago (15.9 g/dL) and increased level of international normalized ratio (INR) (12.7, normal ranges: 0.9 – 1.3). Contrast-enhanced computed tomography of the abdomen was consistent with the hematoma of the left iliopsoas muscle (Fig. 1). Two units of fresh frozen plasma and intravenous vitamin K were administered for the correction of coagulation profile. The patient was discharged 8 days later with a stable level of INR (2.4). On discharge, left leg pain did improve, but anterior thigh paresthesia did not. Follow-up visits were recommended.

Hemorrhage has been previously reported in approximately 4% of patients under anticoagulant therapy (1,2). In general, hemorrhage is seen in intracranial and retroperitoneal sites (3). On the other hand, iliopsoas hemorrhage (IH) is a rare entity of retroperitoneal hemorrhage and it is commonly seen due to trauma. However, spontaneous hemorrhage of iliopsoas muscle has also been reported as well (1-5). Symptoms of IH are nonspecific like abdominal or flank pain (radiating into the inguinal region, labia, or scrotum). Compression of the femoral nerve by the hematoma can lead to any sort of neurologic findings (i.e., paresthesia or weakness of the thigh and leg) (4). Diagnosis of IH is based on clinical manifestations and imaging studies such as ultrasonography and contrast-enhanced computed tomography (5). As for the treatment of IH; it is generally conservative and based on correction of the coagulation profile. Surgical or radiological treatment may be required in hemodynamically unstable patients (1-3).



Fig. 1. Contrast-enhanced computed tomography of the abdomen illustrating the enlarged iliopsoas muscles on the left side compared with the right. Although the contour between the iliac and psoas muscles is clearly visualized on the right side (arrow), it is indistinct on the left side (arrow head). p: psoas muscle, i: iliac muscle

Accordingly, this paper suggests that groin pain – whether or not with a history of trauma – should alert against IH in patients under anticoagulant therapy, even in hemodynamically stable patients.

REFERENCES

- 1/ Landefeld CS, Beyth RJ. Anticoagulant-related bleeding: Clinical epidemiology, prediction and prevention. *Am J Med* 1993; 95:315-328.
2. Wysowski DK, Nourjah P, Swartz L. Bleeding complications with warfarin use: A prevalent adverse effect resulting in regulatory action. *Arch Intern Med* 2007; 167:1414-1419.
3. Ozkan OF, Guner A, Cekic AB, Turan T, Kaya U, Reis E. Iliopsoas haematoma: A rare complication of warfarin therapy. *J Coll Physicians Surg Pak* 2012; 22:673-674.
4. Lenchiki L, Dovgan DJ, Kier R. CT of the iliopsoas compartment: Value in differentiating tumour, abscess and haematoma. *AJR Am J Roentgenol* 1994; 162:83-86.
5. Zago G, Appel-da-Silva MC, Danzmann LC. Iliopsoas haematoma muscle haematoma during treatment with warfarin. *Arq Bras Cardiol* 2010; 94:1-3.