

A warfarin-induced subconjunctival hemorrhage

Subconjunctival Hemorrhage

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To the editor,

A 60-year old man hyphema in right eye and presented with hemoptysis to emergency department. The patient's medical history was remarkable for COPD and pulmonary hypertension (PHT). Detailed history his current medications have been included warfarin treatment for PHT one month ago. His physical examination was found bilateral roncus and subconjunctival hemorrhage (Figure 1). The relevant laboratory findings on admission were; hemoglobin: 15.9 g/dL, hematocrit: 55 %, plt: 211.000 /mm³, leukocyte: 18.400 /mm³ and erythrocyte sedimentation rate: 66 mm/h. Serum chemistry, renal and liver functions were normal. We found urinalysis analysis 200 erythrocyte in every area. In the chest radiograph, there was right hilar and cardio-thoracic enlargement (Figure 2). The patient's prothrombin time (PT) was 194 (range, 22-40) and International Normalized Ratio (INR) was 27(0-1). We stopped



Figure 1. The patient diffuse subconjunctival hemorrhage was observed in the right eye.



Figure 2. In the chest radiograph, there was right hilar and cardio-thoracic enlargement

warfarin medication and injected two ampules IM K vitamin. In the eye consultation fundus and visual examination was normal bilaterally. Diffuse subconjunctival hemorrhage was observed in the right eye. To the patients didn't recommend any medica-

spontaneous resolved in the patient.

Warfarin, one of the coumarin anticoagulants, in the most often prescribed oral anticoagulant.

It's used after treatment for pulmonary embolism, prosthetic heart valves, atrial fibrillation, and acute myocardial infarction, stroke and PHT. In patients treated with warfarin, the median annual rate of major bleeding ranges from 0.9% to 2.7 %, and the rate of fatal bleeding range from 0.07% to 0.7 %. On the other hand, subconjunctival hemorrhage associated with warfarin is reported rarely [1]. No local medical or surgical treatment is generally required for subconjunctival bleeding [2].

tion by the eye department. Bleeding parameters, including PT, INR and hemogram was followed daily. The patient's blood parameters was normal in pursuit. Subsequently, subconjunctival hemorrhage

In conclusion, must be used warfarin treatment carefully and laboratory results should be repeated in a short time period.

References

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