Cervicofacial Purpura as Upper Gastrointestinal Endoscopy Complication

Üst Gastrointestinal Endoskopi Komplikasyonu Olarak Servikofasiyal Purpura

Red Face

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To the editor:

Facial purpura is a rare but sometimes a life-threatening case in which the first step to be carried out is the diagnosis and treatment of urgent conditions [1]. However, the facial purpura which develops as the complication of upper gastrointestinal endoscopy has a benign course and regresses usually in a week without any treatment [2-4].

A 55-year-old female patient was presented to our clinic with acute onset eruption on her face. From the history of the patient, it was learnt that she had undergone an upper gastrointestinal system endoscopy the day before because of her dyspeptic complaints and these eruption developed after this operation. It was also discovered that the patient had been given nothing except oral lidocaine spray and she had not been sedated. The patient stated that the reason of the eruption on her face and neck was her severe coughing and retching during the operation. There was no history of systemic disease, use of drug and alcohol. On dermatological examination, too many pin-head-sized red macules and subconjuctival haemorrhage were seen on the face, neck and oral mucosa (Figure 1) . No additional pathologies were found on the physical examination. Haematological reasons were excluded since the complete blood count, prothrombin time, and partial thromboplastin time were all within normal limits. The lesions healed completely without any treatment within five days.

Facial purpura may generally develop as a result of rheumatologic, dermatologic, infectious, haematologic, neoplastic and traumatic reasons [1]. Nevertheless, it may sometimes develop as a result of benign conditions which cause the increase of intrainthrathoracic and intraabdominal pressure such as coughing, vomiting, retching, giving birth, Valsalva maneuver, and physical exercise and this is called as “mask phenomenon” [5]. Other causes of facial purpura are epileptic seizures, severe respiratory tract infection and the cases observed in weight-lifters. First of all, the life threatening diseases should be etiologically excluded by clinicians in patients with facial purpura.

The facial purpura cases which develop as the complication of upper gastrointestinal endoscopy also exist in the literature [2-4]. In all the reported cases, topical anaesthesia was applied and because the gag reflex was not be able to be suppressed, petechia-purpura on the face and subconjuctival haemorrhage were observed. The severe coughing and retching of our patient during the upper gastrointestinal endoscopy which was carried out after topical anaesthesia resulted in intrathoracic pressure increase and the rupture of capillaries in the skin. We think that parenteral anaesthesia should be applied during endoscopy, it may decrease this complication by reducing the level of anxiety of patients and especially suppressing the gag reflex.

In conclusion, we think that in acute onset facial purpura cases after upper gastrointestinal endoscopy, it is important for clinicians to keep in this benign condition in mind to follow up patients.



Figure 1. Multiple pin-head-sized red macules on the face and neck (a,b).

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