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 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- 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 spontaneous resolved in the patient.

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

References

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