Subcutaneous Ecchymosis following Fibrinolysis

Panneerselvam Arun Kumar* and Gopalan Rajendiran
PSG Institute of Medical Sciences & Research, India

CLINICAL IMAGE

A 37-year-old male presented with acute ST-elevation anterior wall myocardial infarction with window period of 3 hours and he opted for fibrinolytic therapy for the same. He received 1.5 million units of streptokinase over 30 minutes through an intravenous line placed in left forearm. At 90 minutes he was free of angina and electrocardiogram showed good resolution of ST-segment elevation. The patient started experiencing pain and progressive swelling of left forearm two hours after receiving fibrinolytic therapy. On examination left forearm was swollen and tender with subcutaneous ecchymosis (Figure 1). Doppler evaluation revealed normal arterial and venous flow. This was managed with application of pressure dressing and limb elevation. The edema subsided gradually over the next 5 days. It was decided to delay coronary angiogram as anticoagulant given during procedure could lead to worsening of ecchymosis.

Subcutaneous ecchymosis is a rare complication of fibrinolysis. In this patient multiple attempts were made to get intravenous access before fibrinolysis was started. This probably led to extravasation of streptokinase in the subcutaneous plane with resultant ecchymosis. Getting intravenous access in single puncture can prevent this complication of fibrinolytic therapy.

Figure 1 Subcutaneous ecchymosis following fibrinolysis. The site of intravenous access can be seen as a dark spot in the forearm.