In intravenous drug users, LMWHs are frequently used for the treatment of thromboembolic disorders.³ When administered on an accurate weight based basis, the effects of LMWHs are predictable and reproducible. They are thought to interact less with platelets, thereby reducing the degree of platelet function inhibition and subsequently reducing bleeding risks. This theoretical advantage has not been substantiated in clinical studies, and therefore such treatment is not risk free. Rectus sheath haematoma and retroperitoneal haematoma are previously recognised and recorded complications of LMWH therapy.⁴

In intravenous drugs users who develop thromboembolic problems such as DVT, a six week treatment of weight based LMWH is the appropriate choice.³ However, predictably this will increase bleeding tendencies and exacerbate haematoma formation. Clearly our patient developed a right sided pneumonia as a result of his initial rib fracture. This was appropriately investigated and treated. His subsequent DVT was also treated, exacerbating his pectoral haematoma, which may have become secondarily infected. Eventually this led to rupture into the chest cavity, requiring intercostal drain insertion. The aspirated pleural fluid cultured *S. anginosus*, which is recognised as a causative agent in serious purulent infections.

CONCLUSION

This case report highlights the risks and potential problems of using LMWH anticoagulation when patients have been

involved in recent and relatively minor trauma. However the risks and benefits need to be weighed on a case by case basis. Proved thromboembolic disease is potentially life threatening, and it was on this basis that the LMWH treatment was considered to be indicated in the early management of our patient.

Authors' affiliations

P A R Armstrong, G W McNaughton, Emergency Department, Inverclyde Royal Hospital, Greenock, UK

Competing interests: none declared

Informed consent was obtained for publication of the person's details in this report and fig 1.

Correspondence to: Dr P Armstrong, peter.armstrong@tuht.scot.nhs.uk

Accepted for publication 10 March 2006

REFERENCES

- 1 Anderson RH, Garfinkel HA. Complications of fractured ribs. *Br J Clin Pract* 1967;**21**:419–21.
- 2 Grandhi TM, El-Rabaa SMA. Unusual abdominal complication of rib fracture: a case report and review of literature. *Emerg Med J* 2005;**22**:525–6.
- 3 Lawson WL, Robertson LT, Tait RC. Management of intravenous drug users with venous thromboembolism. *Br J Haematol* 2003;**121**(suppl):19.
- 4 Ernits M, Mohan PS, Fares LG. 2nd, et al. A retroperitoneal bleed induced by enoxaparin therapy. *Am Surg* 2005;**71**:430–3.

IMAGES IN EMERGENCY MEDICINE

Spontaneous rupture of axillary vein simulating elder physical abuse

An 87 year old woman presented to our emergency room with an extensive haematoma in the thoracoabdominal region (fig 1). The patient had been well until about six days before coming to the emergency department, when she developed a swelling in the right axillary region. At the initial examination a possibility of physical abuse was raised.^{1,2} A nodule, 3 cm in diameter, was palpable in the right axilla. Haematologic and coagulation values were normal. A computed tomography scan of the thorax showed a nodule in the right axillary region. Colour flow Doppler revealed that the nodule was associated with the right axillary vein. This proved that our initial suspicion of physical abuse was wrong; after clinical evaluation and complementary investigations, the unusual diagnosis of spontaneous rupture of axillary vein with subcutaneous haematoma was made. This case highlights the need for exclusion of all differential diagnoses, including uncommon conditions, before arriving at the diagnosis of physical abuse.

Figure 1 Extensive haematoma in the thoracoabdominal region in an 87 year old woman. Informed consent was obtained for publication of this figure.

Correspondence to: M J N Fernández, Apartado de Correos no. 192, 36080 Pontevedra, Spain; majenu@cmpont.es

doi: 10.1136/emj.2006.034488

M J N Fernández
J C G García
B C Paredes

Internal Medicine Unit, Hospital Comarcal do Salnés, Pontevedra, Spain

A G Blanco

Radiology Unit, Hospital Comarcal do Salnés, Pontevedra, Spain

A L Rodríguez

Surgery Unit, Hospital Comarcal do Salnés, Pontevedra, Spain

References

- 1 Lachs MS, Pillemer K. Elder abuse. *Lancet* 2004;**363**:1263–72.
- 2 Kleinschmidt KC. Elder abuse: a review. *Ann Emerg Med* 1997;**30**:463–72.