Other full case

Red face, postendoscopy

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Summary

The authors present a case report of extensive facial petechiae following esophagogastroduodenoscopy (EGD). The patient was a previously healthy male who did not receive any medication predisposing to haemorrhage, nor did he suffer from any underlying disorder (as the subsequent diagnostic work-up demonstrated) that predisposed to the extensive facial capillary rupture. Increased intrathoracic pressure during EGD can rarely result in similar cases that are alarming to the patient and possibly the endoscopy staff, and awareness of their potential and their benign nature and prognosis can assist in reassuring patients.

BACKGROUND

Esophagogastroduodenoscopy (EGD) is a procedure with acknowledged complications related either to the use of sedation during the process or to mechanical trauma and potential rupture of a part of the gastrointestinal tract. Although these complications have the potential for severity, some less common complications may appear post-EGD that may be less severe but appear as more alarming. Herein we describe a case of massive facial capillary rupture post-EGD, one of the extremely few relevant cases present in the literature, in a patient with no predisposing factors that could account for this condition. Although the severity of the reported complication is minimal, it did induce major discomfort in the patient, at least until informed about the benign nature of the complication, and did require an extensive evaluation for exclusion of underlying disorders that might account for this manifestation.

CASE PRESENTATION

The patient was a 60-year-old, previously healthy male, who underwent EGD for evaluation of persistent dyspepsia-like complaints. The procedure was performed by an experienced specialist in endoscopy (with more than 15 years of daily clinical endoscopy). Mild sedation with 2 mg of midazolam was used. The process was uneventful apart from the patient looking mildly strained during EGD, and minor retching during insertion of the endoscope. A few minutes after EGD, the patient's relatives were alarmed because 'the patient turned red in the face' (figure 1). Diffuse capillary rupture had indeed resulted in extended petechial lesions over the face. A routine clinical examination did not reveal any signs of internal haemorrhage, and the patient was reassured, but further admitted for evaluation of any underlying disorder related to increased capillary fragility or bleeding tendency.

Figure 1 Extensive capillary rupture in the face, developing immediately post-EGD.

INVESTIGATIONS

Prior to EGD, a routine evaluation had shown normal values for platelets, prothrombin time, and partial thromboplastin time, while there was no history of allergy, prior spontaneous bleeding or administration of any medications that could have predisposed accordingly. The patient had no history of hypertension or diabetes mellitus or any familial history of coagulation disorders. Further evaluation excluded any suspicion of microangiopathy, amyloidosis, connective tissue disorders or clotting factor disorders. Facial petechiae gradually subsided, and an extensive follow-up for any other abnormal bleeding manifestations was uneventful.

DIFFERENTIAL DIAGNOSIS

The sedative used in the procedure, as well as the detergent and cleanser (glutaldehyde solution) used for endoscope cleansing could not have been implicated in the symptom pathophysiology, since this was not an allergic reaction.

OUTCOME AND FOLLOW-UP

Facial petechiae gradually subsided, and an extensive follow-up for any other abnormal bleeding manifestations was uneventful.

DISCUSSION

Increased intrathoracic pressure during EGD can rarely result in similar manifestations: Subconjunctival haemorrhage is the one most often reported,¹⁻⁵ in two of the case reports accompanied by a clinical picture similar to this^{2 4}; in one of these cases though, aminosalicic acid use was probably implicated in the development of facial petechiae.²

The appearance of facial petechiae due to a valsalva manoeuvre in situations of increased intrathoracic (or intra-abdominal) pressure, also known as the 'mask

phenomenon',⁶ can also be observed in other endoscopic procedures, but also in cases of massive hemesis, persistent coughing or during childbirth. Localisation of the petechiae on the face only is a useful indicator of their attribution to pressure phenomena and not to any underlying haemorrhagic predisposition.

Learning points

- Increased intrathoracic pressure during EGD can rarely result in phenomenally alarming, but of minimal clinical significance, complications.
- Exclusion of underlying disorders affecting vascular structure or underlying coagulation disorders is typically not needed in such cases.
- The benign nature of the entity should serve as a reassurance to patients and clinicians alike, and may assist in avoiding further diagnostic work-up to exclude underlying disorders.

Competing interests None.

Patient consent Obtained.

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