CASE REPORT

Spontaneous lingual and sublingual haematoma: a rare complication of warfarin use

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SUMMARY

Warfarin is commonly used for prevention of embolic events. Bleeding is the main side effect of warfarin. Lingual and sublingual haematoma are rare. In the literature, nine cases have so far been reported. We report the case of a 70-year-old Caucasian woman who developed spontaneous lingual and sublingual haematomas while on warfarin therapy. Spontaneous lingual and sublingual haematoma are rare, but can be potentially life-threatening complications as they cause airway obstruction. To the best of our knowledge, this is the first reported case of earliest haematoma after warfarin use.

BACKGROUND

Warfarin is commonly used for prevention of embolic events in valvular heart patients with atrial fibrillation. Spontaneous lingual and sublingual haematoma are rare, but can be potentially life-threatening complications as they cause airway obstruction. There have been several reported cases of such haematomas in the upper airway in anticoagulated patients.^{1–9} To the best of our knowledge, this is the first reported case of earliest haematoma after warfarin use.

CASE PRESENTATION

We report the case of a 70-year-old woman with atrial fibrillation and mild mitral valve stenosis, who developed spontaneous sublingual and lingual haematomas while on warfarin. She has received 5 mg/day warfarin for 15 days. The past 2 days, lingual haematoma has started and gradually increased. On examination, her respiratory rate was 20 bpm with saturations of 95% on room air with no obvious signs of upper airway obstruction and her heart rate was irregular at 90 bpm. Her oral cavity revealed a soft, red, submucosal swelling involving the floor of the mouth and the ventral lingual surface bilaterally (figures 1 and 2). There was no sign of bleeding in another region. Laboratory examinations showed an international normalised ratio of 19, a haemoglobin value of 13 g/dL.

TREATMENT

Fresh frozen plasma (2 IU/day) and vitamin K (20 mg) were given to the patient for 3 days. Three days later, the lingual haematoma had disappeared.

OUTCOME AND FOLLOW-UP

The patient was discharged to the care of her family physician.

Figure 1 Lingual haematoma.

DISCUSSION

Warfarin sodium is a commonly used oral anticoagulant agent. It has been well documented that when effective anticoagulant therapy is employed in treating and prophylactic thromboembolic disease.¹⁰ Haematoma is a possible complication that can be spontaneous without a history of trauma. Bleeding caused by warfarin overdose usually appears in the genitourinary and gastrointestinal tracts, the central

Figure 2 Sublingual haematoma.

CrossMark

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nervous system, the nose (epistaxis), the penis (priapism), the retroperitoneum, wounds (surgical or traumatic) and subcutaneous tissues. We report a case of a spontaneous lingual and sublingual haematoma that developed during short time oral anticoagulation therapy. The tongue is a generously perfused structure supplied by the lingual artery and its sublingual, deep lingual and dorsal lingual branches. Extensive haematoma from the lingual artery may occur following traumatic injury.^{11 12} Haematoma into the tongue has been reported after the use of streptokinase, heparin, tissue-type plasminogen activator administration and in haemophilia.^{13–15} Sublingual haematomas leading to upper airway obstruction have also been reported in patients treated with anticoagulants.^{1–9} Lingual and sublingual haematoma in a patient treated with warfarin are rare. In the literature, nine cases have so far been reported. In five of these cases, haematoma was spontaneous^{1 4–7} and in seven of these cases, the haematoma had led to airway obstruction.^{2 3 5–9} Drug interaction between alcohol and warfarin has been reported.⁶ Our patient did not have a history of alcohol or another drug use.

As a result, this is the first isolated lingual and sublingual haematoma observed in a short time of using warfarin, to the best of our knowledge, to be reported in the literature.

Learning points

- ▶ Closely monitoring prothrombin time is very important for warfarin treatment.
- ▶ Local haemorrhage is common on overdose of warfarin treatment.
- ▶ Lingual haematoma is rarely associated with overdose of warfarin treatment.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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