

## A Deadly Venopuncture

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An 85 year old woman was admitted because of pneumonia. Five days after her admission she complained of shortness of breath and pain in both arms, without chest pain. An electrocardiogram disclosed new ST segment elevation in the lateral wall and there was significant creatinine phosphokinase elevation. Aspirin 100 mg/day and enoxaparine 60 mg twice a day, according to body weight, were prescribed.

Five days later, following routine

venopuncture from the dorsal venous arch, a huge hematoma with edema, compartment syndrome and necrosis developed along the forearm and hand. Platelet count, prothrombin time, and partial thromboplastin time were within normal range. A Doppler study of the arms revealed normal arterial flow. The patient was treated with prompt excision and topical application of silver sulfadiazine. She recovered slowly over a few

weeks but eventually died from sepsis. Blood cultures were negative.

This case emphasizes the hazards of anticoagulation therapy and the need for strict supervision in arterial and even venopuncture during this therapy.

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