

## Case images

## Olgu görüntüsü

## Massive liver hematoma secondary to overdose of warfarin treatment

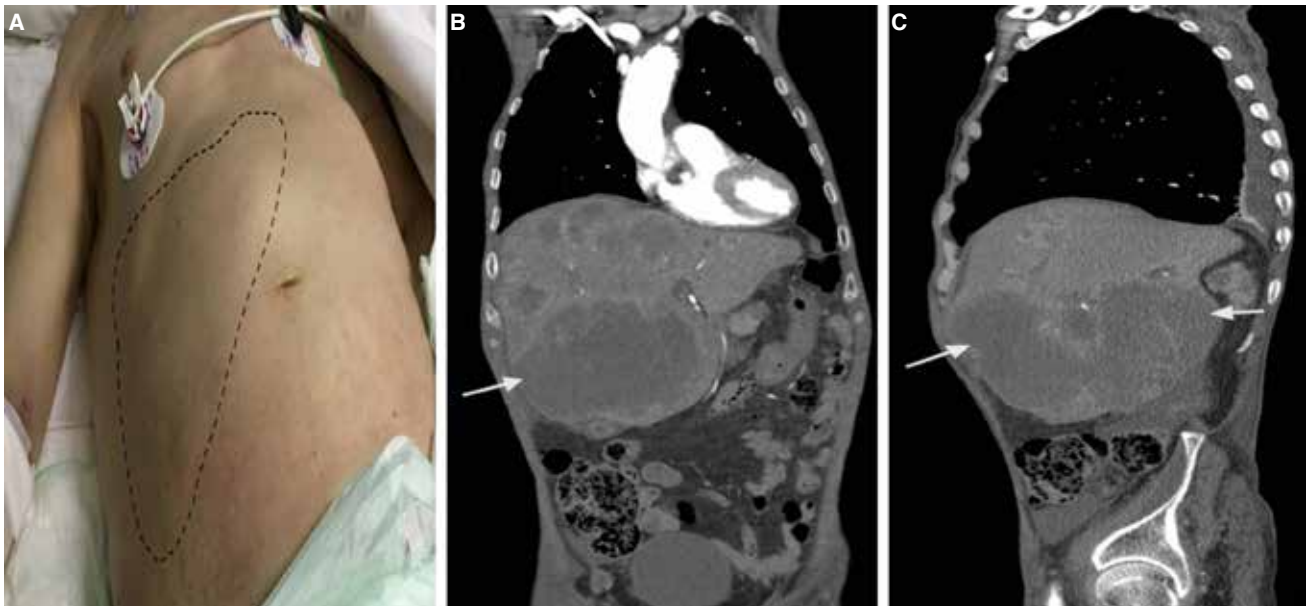
## Yüksek doz varfarin tedavisine bağlı masif karaciğer hematomu

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A 70-year-old male patient was admitted to the emergency department with complaints of severe abdominal pain and distention. Medical history revealed that the patient was taking warfarin for deep vein thrombosis of the lower extremity. Vital signs were heart rate of 112 bpm, blood pressure of 70/30 mmHg, and oxygen saturation of 95%. Upon physical examination, the liver was enlarged and could easily be detected by inspection alone (Figure A). No history of trauma was reported. Levels of hemoglobin, hematocrit, and

international normalized ratio were 6.1 g/dL, 19.5%, and 21.3, respectively. Aspartate transaminase level was 36 U/L, alanine transaminase was 16.9 U/L, glucose was 111 mg/dL, and creatinine was 2.63 mg/dL. Treatment of intravenous fluid, blood transfusion, fresh frozen plasma, vitamin K, and inotropic infusion was initiated. Emergency abdominal computed tomography was performed, and the scan revealed a large subcapsular liver hematoma (Figures B, C). Consultation with surgical gastroenterology was requested due to massive bleeding into the liver parenchyma. Emergency laparotomy was decided upon by the gastroenterology team, but could not be performed due to hemodynamic and hematologic instability, and the patient died in spite of all intervention.



**Figures– (A)** Inspection of the abdomen showing liver line enlargement. **(B)** Computed tomography in coronal plane showing massive liver hematoma (arrow). **(C)** Computed tomography in sagittal plane showing massive liver hematoma (arrow).