

Vitamin K antagonists necrosis in the elderly: a case report

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N. Adaily et al. Vitamin K antagonists necrosis in the elderly: a case report. Middle East Journal of Age and Ageing. 16(1):p31. DOI: 10.5742/MEJAA.2019.93646

ABSTRACT

Introduction

Skin necrosis remains a rare but serious effect of Vitamin K antagonists (VKAs) use. Paraesthesia and pain precede the skin signs, followed by the development of a well-demarcated erythematous plaque. There is no associated visceral involvement. We report a case of VKA skin necrosis in an elderly woman.

Observation

This was a 70 year old, obese, diabetic, hypertensive, cholecystectomized patient who had been bedridden for one month and who presented with a thrombosis of the left popliteal vein confirmed by a venous Doppler ultrasound of the lower limbs. The biology showed hyperhomocysteinemia. After one week of treatment with VKAs, the patient presented with an inflammatory, infiltrated placard on the outer surface of the left thigh, surmounted by a necrotic and haemorrhagic lesion. The blood count showed a hyperleukocytosis; the c-reactive protein was 80 mg/l. The course of action was to stop the AVKs and prescribe triple antibiotic therapy based

on metronidazole, ofloxacin and cefapirin. Surgical excision was performed. Cautious reintroduction of VKA was recommended. The evolution was marked by the regression of the inflammatory placard and the necrotic lesion. No recurrence was detected. The diagnosis of anti-vitamin K skin necrosis was then retained.

Conclusion

Skin necrosis to VKAs requires discontinuation of anticoagulants. Heparin treatment must then be resumed, sometimes combined with vitamin K supplementation. Prevention of recurrence involves the careful reintroduction of VKAs.