Bilateral Breast Hematoma following Thrombolytic Therapy

Sir,

A 38 year old female attended medical emergency for acute left sided chest pain, breathlessness and anxiety. ECG revealed acute anteroseptal myocardial infarction and left bundle branch block. She was thrombolysed with 1.5 million units of intravenous streptokinase. No immediate complications of thrombolysis were noticed. She was put on aspirin, nitrates, beta-blockers and ACE inhibitors. On the fourth post-thrombolysis day ecchymotic patches appeared over subareolar region of both breasts and inner aspect of right arm. Examination revealed presence of hematoma in bilateral breast and inner aspect of right arm (Fig. 1). The ecchymotic patches were nontender and there was no palpable mass or lymph nodes. No clinical features of breast or cutaneous necrosis were observed in the ensuing days and there was no evidence of bleeding from any other site. Hemoglobin, platelet counts and coagulation profile were normal. Hematoma started regressing progressively and she was discharged on the sixth post-thrombolysis day.

Thrombolytic therapy is the mainstay of treatment of acute myocardial infarction. Streptokinase continues to be the most widely used drug for this purpose in our country. Non cerebral hemorrhage occurs in about 4 per 1000 patients receiving streptokinase. Spontaneous breast hematoma usually a rare complication of anticoagulant therapy has been described in the last five decades but breast hematoma following thrombolytic therapy is uncommon.¹ Yahalom et al had reported 3 similar cases with streptokinase induced breast hematoma.² Our case highlights the fact that streptokinase can induce spontaneous breast hematoma which if ignored can subsequently lead to necrosis.

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Fig. 1 : Showing bilateral breast hematoma