Pseudogynaecomastia Due to Deltaparin

Sir,

The availability of low molecular weight heparin (LMWH) has eliminated the need for hematological monitoring, has predictable anticoagulant response, less of hemorrhagic manifestations and is simple to administer.

A 26-year-old male presented with unilateral swelling of right calf in early July 2001. On examination there was slight swelling on right side calf muscle, but Hoffman sign was negative and distal arterial pulsations were all palpable. The clinical impression was of right calf deep vein thrombosis. The patient was started on deltaparin 2500 units twice a day subcutaneously and referred for duplex scan of the lower limb. The vascular scan of lower limb ruled out any thrombosis in the major vessels of lower limb, however clinical impression of minor calf vein thrombosis was maintained by the vascular surgeon. He suggested that prophylactic dose of deltaparin (2500 units) once a day be continued as patient was going to be immobile for the next 2 weeks. The patient continued the above therapy twice a day on advice of family doctor.

Three weeks later the patient presented with a swelling on right sided chest resembling gynaecomastia. The swelling was non-tender, local temperature was not raised and it was not fixed to the underlying structures. Investigations revealed that complete blood counts and platelet, prothrombin time and activated partial thromboplastin time were normal. CT scan of the chest revealed that right pectoralis major was more bulky than the left and had evidence of blood in it (Fig. 1). The patient did not give any history of trauma and had continued the Delaparin on his own for a period of 3 weeks, twice a day instead of once a day. The patient was asked to stop deltaparin and the swelling gradually disappeared over the next two weeks.

No studies are available on comparison between safety between the various LMWH but trials have compared unfractionated heparin with LMWH. The results show that there is less incidence of major bleed but not of minor hemorrhages.1 Few case reports are available of haematoma due to LMWH especially spinal, retroperitoneal2 and thigh. There is no report of spontaneous pectoralis muscle bleed on LMWH, however there is one report of subcutaneous bleed over area extending from breastbone region to axilla and flanks due to repeated microtrauma in a man on anticoagulant therapy.3 In our case there was no history of trauma. Bleed into the pectoralis muscle was responsible for the gynaecomastia in our case. The postulated mechanism of bleed to LMWH is due to altered ratio of anti Xa : anti IIa which represents antithrombotic potency (bleeding potency), which is 2:4 for deltaparin. Physicians should be aware of such rare complications, which may occur due to use of such LMWH.

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