Spontaneous Bleeding in a Patient of Rheumatoid Arthritis: A Complication after Accidental Overdose of Methotrexate

A 56 years lady was brought to the emergency room for torrential bleeding from her oral cavity for last 2 days. She also had bleeding from the web spaces of the toes and fingers and the bleeding episode was preceded by severe dysphagia and burning sensation in her mouth. Before admission she bled near about one liter of blood from her oral cavity and was unable to take oral feed. The lady was suffering from rheumatoid arthritis (RA) for last ten years and was on NSAIDs and corticosteroids off and on. Three weeks back she consulted another physician for exacerbation of arthritis and was prescribed DMARDs (Methotrexate, Hydroxychloroquine) and she responded dramatically since then.

Clinical examination revealed a thin built individual (BMI-16.2) who was bleeding profusely from her oral cavity. Multiple erosions over oral mucosa, gums and undersurface of tongue could be seen after adequate toileting (Fig. 1). She had deformities, classical of RA (Fig. 2), tinea infection at the web spaces and blood was oozing from the raw areas within these lesions (Fig. 3). Systemic examination was non-contributory.

All the medications were stopped. Complete Haemogram documented severe anemia (Hb.-4.5 gm/dl; PCV-14). The platelet count, coagulation profile (BT, CT, PT, aPTT) and baseline biochemistry was within reference range. A detailed history from her husband revealed that she was taking methotrexate 7.5 mg daily for the last 20 days. She was treated with transfusion support, folinic acid and bleeding stopped completely in next 48 hours.

Oral mucositis is an important and dose-limiting complication of methotrexate therapy. The ulcerative lesions are painful, restrict oral intake and, importantly, act as sites of secondary infection and portals of entry for the endogenous oral flora. The overall frequency of mucositis varies and is influenced by the patient’s diagnosis, age, level of oral health, and type, dose, and frequency of drug administration. The usual dosing schedule of methotrexate in RA is 7.5-25 mg once a week (p.o., s.c or i.m).

The interesting features in our patient are torrential bleeding in absence of thrombocytopenia, bleeding from the eroded surface of the tinea infection and dramatic response of joint features due to high dose methotrexate. Not a single efficacious intervention or agent for prophylaxis or management of this side effect has yet been identified. However, preventive treatment with 0.12% chlorhexidine gluconate and oral hygiene care reduce the occurrence of such oral complication of methotrexate therapy.

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