

Hematoma of Sternocleidomastoid: Aspirin can be a Cause

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Fig. 1: At the time of presentation

An 82-year-old female patient presented with chief complaints of diffuse bulge over right side of neck since 5 days (Figure 1). Patient is known case of ischemic heart disease on tablet aspirin 75 mg and tablet atorvastatin 20 mg. No history of trauma/any other drug intake.

On examination hematoma over right sternocleidomastoid muscle is noted, of size approx. 7 cm x 5 cm. color is purple to brownish, warm and non-tender. No thyroid swelling felt. Not associated with difficulty in breathing or swallowing. All baseline investigation came out to be normal regarding hematoma formation.

Pt. was managed conservatively i.e., aspirin was stopped. Hematoma started



Fig. 2: After 1 month

to regress in size spontaneously in 12 to 15 days and completely disappear in 25-28 days (Figure 2) and on further follow up visit there were no such swelling at that site.

Antiplatelet therapy reduces the rates of re-infarctions and stent thrombosis after intervention in Acute Coronary Syndrome. Antiplatelet therapy is associated with hemorrhagic events, may involve almost all organ systems of body. G.I. haemorrhage and IC bleed are the most feared one which may require transfusion of platelets.¹

Decreased blood coagulation, increased B.P., liver disease, thrombocytopenia, insufficient

thrombin generation, increased INR, insufficient platelet function (as in our case) may all foster the hematoma growth. Complete evaluation must be done to find out the cause in hematoma formation and its progressive enlargement.²

Early recognition, discontinuation of medicine and appropriate management resulted in resolution of hematoma and good clinical outcome.

Hematoma of sternocleidomastoid muscle is a rare complication of aspirin as it has not been reported in literature till now.

References

1. Manjunatha P, Sharma S, Jagannatha AT, Javali M, Hegde AV, Mahale R, Madhusudhan, Srinivasa R. Spontaneous subdural hematoma and antiplatelet therapy: Does efficacy of Ticagrelor come with added risk?. *Indian Heart Journal* 2015; 67:s30-s35.
2. Saloheimo P, Ahonen M, Juvela S, Pyhtinen J, Savolainen ER, Hillbom M. Regular Aspirin-Use Preceding the Onset of Primary Intracerebral Hemorrhage is an Independent Predictor for Death. *Stroke* American Heart Association Journal. *Stroke* 2006; 37:129-133.

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