

Latissimus Dorsi Hematoma Linked to Exercise and Anticoagulation: A Case Report

Montefiore
HEALTH SYSTEM

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CASE PRESENTATION:

An 80-year-old male admitted to acute inpatient rehabilitation after a fall resulting in a right greater trochanteric fracture status post ORIF. Hospital course was complicated by new onset atrial fibrillation requiring therapeutic anticoagulation. Renally dosed apixaban was initiated. One week later, the patient reported new left upper body pain and bruising in the left axilla, flank and abdominal oblique region. During physical therapy sessions one week prior, he had been unable to support himself using handrails on performing stairs with the left upper extremity and subsequently reported pain. Patient denied any direct trauma. Internal medicine was consulted, and anticoagulation was discontinued. Pain management consultation initiated a conservative treatment plan including topical lidocaine patches and modification of rehabilitation exercises. Patient's pain, dysfunction and visible hematoma gradually subsided. Anticoagulation was successfully resumed in the outpatient setting.



CONCLUSION:

Isolated latissimus dorsi injuries are rare amongst the general population and likely related to high blunt-force trauma or repetitive overhead activities. Spontaneous intramuscular hematomas in the setting of anticoagulation have been described although as a rare entity in the latissimus dorsi. The aging population may be more susceptible to this injury even at low-impact exercise given the changes in muscle composition and physiology. Discontinuing anticoagulation continues to be a clinical judgement based on risks and benefits stratification dependent on patient specific factors.

DISCUSSION:

Isolated latissimus dorsi injuries are minimally reported in the literature. These injuries occur more commonly with acute trauma and in the high-level throwing athletes. An overlooked population is the elderly, greater than 65 years old, where agerelated changes in muscle composition and physiology along with the use of anticoagulation predisposes to muscle injuries. Our case highlights a rare latissimus dorsi injury in an elderly male during a low-impact exercise using his upper extremity for mechanical advantage to climb stairs in the setting of anticoagulation. Although the patient's symptoms improved with the discontinuation of anticoagulation and conservative management, the risks and benefits of discontinuation becomes a vital decision complicating the treatment algorithm. Despite the setback in the rehabilitation course, he was able to recover upper extremity range of motion, strength and painless functional abilities prior to discharge.

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