



## Sinister Triple Bleed in a Warfarinised Patient – Three Different Etiologies

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### Case Study

A 62-year-old female, with history of mitral valve replacement, currently on warfarin, presented with history of head trauma to occiput following electric shock injury. NCCT head was suggestive of right frontal intra-parenchymal bleed, right parieto-occipital subdural hemorrhage and subarachnoid hemorrhage; CT Angiography was negative for aneurysm. INR was 3.5 and she was managed with fresh frozen plasma and anti-edema measures. Unfortunately, her clinical condition deteriorated and led to her demise.

Electric shock injury causes intra-parenchymal bleed due to damage to intracranial blood vessels attributable to their geometric and dielectric features [1]. Spontaneous subarachnoid hemorrhage has been reported with warfarin use and requires ruling out presence of aneurysms by CT angiography [2]. Subdural hematoma is attributable to head trauma to right parieto-occipital area following fall [3]. Thus, electric shock injury causing fall and head trauma in our patient on warfarin has resulted in the peculiar triple bleed ultimately leading to her demise (Figure 1).

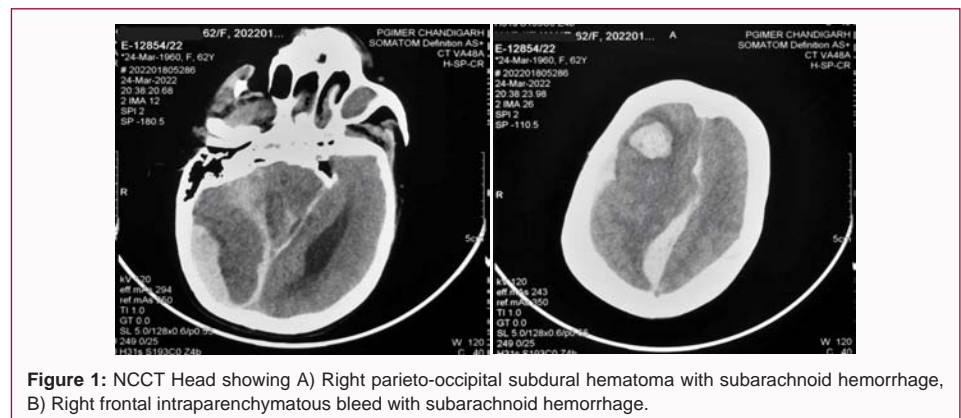


Figure 1: NCCT Head showing A) Right parieto-occipital subdural hematoma with subarachnoid hemorrhage, B) Right frontal intraparenchymatous bleed with subarachnoid hemorrhage.

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