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Case Reports

Suture Disruption, Rhinorrhagia Caused by Postoperative Hypertension, Case Reports

Mucettin Sen[1], Omer Engin[2]

[1]MD Cardiovascular Surgeon, Buca Seyfi Demirsoy State Hospital, Cardiovascular Surgery Department, Turkey

[2]MD Associate Professor of General Surgery Health Sciences University, Tepecik Training and Research Hospital, Surgery Department, Turkey

*Corresponding Author

Omer Engin

Email: omerengin@hotmail.com

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Abstract: Postoperative bleeding is a great problem for surgeons. This is caused by many reasons. One of these is hypertension. There are 3 cases are presented because of bleeding due to postoperative hypertension. Sometimes intravascular pressure can raise and causes suture disruption. If the pressure rises so high, nasal bleeding may occur. Bleeding can be managed by conservative treatment or reoperation. If minimal bleeding occurs and simple maneuver such as compression becomes successfull, revision of anastomosis may not be needed but if suture line is disrupted surgical revision can be thought. Our cases are presented with their features.

Keywords: Postoperative bleeding, hypertension, compression, Suture Disruption, Rhinorrhagia

INTRODUCTION

There are a lot of complications in the postoperative period. In this report, hemorrhage due to hypertension will be explored. Hypertension is continued disease in some persons but in some situations it is occurred in unpredictable situations. If hypertension is known in cases antihypertensive therapy is given but if any unpredictable causes is occurred this may be caused unwanted complications. Hypertensive attacks can load systemic effects such as rhinorrhagia, intracerebral hemorrhage etc but in operated patients, resected and anastomosed or sutured areas may be hemorrhaged because of there is a weak tissue area compared to normal healthy tissue.

There are three cases present for their clinical features.

Cases

Feature of all of the cases is bleeding because of hypertensive attack in the postoperative period.

Case 1

79 year old male patient. Right carotide endarterectomy was done. In the postoperative perion tension arteriel increased to 180mmHg. After than suture line disrupted and hematoma developed in the area. Hematoma drained and suture line was revised.

Case 2

59 year old male patient. Right femoropopliteal grafting was done. Hypertensive attack occurred and tension increased to 230mmHg and nasal bleeding was seen and blood oozed out skin suture and blood accumulated on the patient's bed (Figure 1). He was reoperated.

Case 3

61 year old male patient. Left femoropopliteal by pass with graft was done. Arterial tension rised to 170mmHg and bleeding from anastomosis line begin. Hematoma accumulated so he was reoperated.

Fig-1: Hemorrhage from anastomosis go out of the skin incision and accumulates on the patient's bed

DISCUSSION

In the operation, lot of the surgeons had observed that if blood pressure increases, intraoperative bleeding is evident from all tissue such as subcutaneus tissue or dissected any organs . Experienced surgeon knows this situation and warns to anesthesiologist for control of blood pressure. In the operation hemostasis is made by cauterisation, suturing ,clipping, fibrin glue, ligation etc.

In the another way for hemostasis Human body has clotting factors and these intrinsic and extrinsic way success hemostasis, and clotting plugs prevent hemorrhage. If any hypertensive attack occurs, pressure in the vascular system increases so clotting plugs, cauterised vascular structures or sutured – ligated vascular structures may not resist to high pressure and as a result bleeding starts.

Bleeding may be minimum or profuse. Bleeding may stop spontaneously or can be stopped by manually compression. If bleeding stops spontaneously conservative treatment may be choosen. But if the bleeding profuse and suture disruption is occurred reoperation may be needed. In our cases bleeding is plenty and disruption is found so, all of them were operated.

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