

Joint Event

# Hematology, Immunology & Traditional Medicine

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## Case presentation (Self-inflicted bleeding)

We report a case of 17 years old young female, single with non-remarkable history of medical importance. She had experienced repeated attacks of bleeding (skin bruises, epistaxis, heavy menses and hematoma following IM injections) and dark urine. She did not recall any bleeding episode for her or in family before. Her clinical examination did not add much, but investigations revealed mild to moderate anemia with prolonged PT and PTT that was corrected by mixing study. Limited factor assay revealed deficiency of multiple coagulation factors by different percentages (Factors II, V, IX, X). In fact, multiple coagulation factor deficiency (MCFD) can explain such clinical scenario but the challenge was how to detect the underlying cause. Hereditary MCFD was excluded by past and family history and the patients deny any drug or herbal use. Liver disease as a cause of MCFD was not in mind because clinical and laboratory parameters did not support any liver touch. DIC was proposed as a primary possibility specially that FDPs and D-dimer were elevated but this diagnosis was lacking detection of causative agent because DIC is not typically a primary disorder. Therapy wise the patient had received fresh frozen plasma with improvement of her general condition and her diagnostic workup was augmented searching for any underlying sepsis or malignancy. Unfortunately, there was no suggestive clue for DIC and follow up parameters were improving gradually just with transfusion (Not typical scenario of DIC). After short period of improvement, the patient was admitted again by similar episodes of bleeding and toxicology screen was done on a narrow scale (financial constraints) that was non-conclusive. With special notice of the relevant that patient started to have certain behavioral changes dating few weeks before illness, review of the patient personal belongings and psychiatric consultation was done that revealed (self-inflicted bleeding by rodenticide=(Cumatetralyl®).....Superwarfarins).

## Biography

Mohamed Abdelmotaal Safa is a Lecturer of Internal Medicine (Hematology & BMT Unit), Tanta University, Egypt. He has built his experience in the field of Hematology in Tanta University Hospital Adult Hematology Unit and special studies in Cairo University, Hematology Unit, Egypt. He had also special interest in the field of BMT due to his attachment to BMT team in Nasser Institute, Egypt for a time. His preference of benign hematology and specially hemostasis is noticed due to working at Tertiary hospital that represents a referral site for all Delta hospitals. He is one of an interesting team practicing Hematology in Tanta University Hospital, Internal Medicine, Egypt.

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