
Coumadin Necrosis

Coumadin necrosis

- A. Develops 2–5 days after starting warfarin without heparin (especially loading doses) and is caused by occlusion of vessels of the dermis and subcutaneous tissue
- B. Risk factors: female sex, obesity, advanced age (sixth to seventh decade)
- C. Occurs on areas abundant in fat (breast, abdomen, buttocks, thigh)
- D. Initially presents with pain and the development of well-demarcated erythema and edema
- E. Progresses to petechiae and ecchymoses, hemorrhagic bullae, and full-thickness necrosis with deep ulceration with retiform branching purpura seen at periphery of cutaneous lesions
- F. “Retiform purpura in plaques” describes palpable purpura in a live-doid or reticular pattern secondary to thrombotic occlusion of dermal and subcutaneous vessels, which leads to ischemic necrosis, red blood cell extravasation, and hemorrhage
- G. “Retiform purpura in plaques” can also be seen in heparin necrosis, calciphylaxis, antiphospholipid antibody syndrome, septic emboli (meningococcemia, angioinvasive fungal infections), disseminated intravascular coagulation or purpura fulminans, and vasculopathies (cryoglobulinemia, cholesterol emboli, vasculitis)



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