Reminder of important clinical lesson

Traumatic subcutaneous haematoma causing skin necrosis

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Summary
A 79-year-old female, presented to accident and emergency with a painful right leg from the knee distally, after tripping. On examination, her right lower leg had a haematoma on the anterolateral aspect which was very tender. After 4 days, the patient was taken to theatre for debridement, and the wound was washed out. The next day, the wound was reconstructed with a split skin graft.
Technique 2: incision and drainage. If the skin over the centre of the haematoma is thin and tense and shows signs of skin necrosis, the incision should not be made at this point. Instead, it should be made at the periphery of the haematoma, where the skin shows a normal appearance. Similarly, the incision should not be made crosswise to the lines of tension. The incision must be clean and direct and it must penetrate the entire thickness of the skin at one stroke and at even depth along its entire length. The incision should be made at right angles to the surface of the skin so that the skin edges may meet perpendicularly when healed.

There is a third method of evacuating a haematoma is a liposuction method, which is very rarely used in the UK.

Learning points

► To check the vascularity of the skin above and around the haematoma then you need to know three things. Is the skin tense, discoloured, and does it blanch?
► If the vascularity of the skin around a haematoma is in question, then a member of the plastic surgical team should be called to assess the patient.
► Haematomas should be evacuated usually by incision and drainage if the skin above the haematoma is or is likely to become vascularly compromised, this will avoid skin necrosis occurring over the haematoma.
► If the skin over the haematoma does become necrotic, then the patient needs to be listed for emergency surgery to evacuate, debride and reconstruct the wound.
► When patients on anticoagulants (eg, warfarin) are admitted with a haematoma, then extra care should be taken to ensure the haematoma is not still expanding. Senior help should always be sought if this is the case.

Competing interests None.
Patient consent Obtained.

REFERENCES