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CASE REPORT / OLGU SUNUMU

Hemorrhage and Thrombosis Combined; Geriatric Neglect Suspected
Kanama ve Pıhtılaşma Birlikte; Yaşlı İhmal Şüphesi

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ABSTRACT

Abuse and neglect in the geriatric population is a common social problem all over the world. It is seen in many different forms, from verbal abuse to sexual abuse, from physical abuse to financial abuse. There may be some clues that we should suspect, especially in patients coming from institutional care centers, such as malnutrition or dehydrated appearance. In this case report, we present a geriatric case in which traumatic findings were detected incidentally and the clinical situation was complicated. An 87-year-old woman was brought to the emergency department by her family members with complaints of poor general condition. The subdural hemorrhage and pelvic fracture in our case were thought to be traumatic, but the patient's family members said that the patient had not experienced any recent trauma. Thorax tomography revealed thromboembolism extending distally from the right pulmonary artery.
Keywords: Hemorrhage, Thrombosis, Geriatric Neglect, Emergency Medicine

ÖZ

Geriatrik nüfusta istismar ve ihmal tüm dünyada yaygın bir sosyal sorundur. Sözlü istismardan cinsel istismara, fiziksel istismardan finansal istismara kadar çok farklı şekillerde görülmektedir. Özellikle kurumsal bakım merkezlerinden gelen hastalarda malnütrisyon veya dehidrate görünüm gibi şüphelenmemiz gereken bazı ipuçları olabilir. Bu olgu sunumunda, travmatik bulguların tesadüfen tespit edildiği ve klinik durumun karmaşıklaştığı geriatrik bir olgu sunulmuştur. Seksen yedi yaşındaki kadın hasta genel durum bozukluğu şikayeti ile yakınları tarafından acil servise getirildi. Olgumuzdaki subdural kanama ve pelvis kırığının travmatik olabileceği düşünüldü, ancak hasta yakınları hastanın yakın zamanda herhangi bir travma yaşamadığını söyledi. Toraks tomografisinde sağ pulmoner arterden distale uzanan tromboemboli saptandı.
Anahtar Kelimeler: Kanama, Pıhtılaşma, Yaşlı İhmali, Acil Tıp

INTRODUCTION

Abuse and neglect in the geriatric population is a common social problem all over the world. Since its definition in 1975, it has been systematically increasing (1). This neglect or abuse may be caused by family members or caregivers, or it may be self-neglect. Neglect can be active or passive. Not providing the food or medication needed by the elderly person can be shown as an example of passive neglect. Self-neglect, on the other hand, can be defined as not doing what one should do even though one has the power to do so (2). The United Nations has designated the period between 2021 and 2030 as the "Decade of healthy ageing" and plans to address and prevent elderly neglect by addressing the elderly, their families and the society they live in together. Similarly, the World Health Organization drew attention to this problem with its document entitled "Combating the abuse of the elderly" (3). There is no gold standard for identifying neglect of an elderly person. The diagnosis is often made indirectly through suspicious statements by caregivers or through laboratory tests, imaging methods (4).

In this case report, we present a geriatric case in which traumatic findings were detected incidentally and the clinical situation was complicated.

CASE

An 87-year-old woman was brought to the emergency department by her family members with complaints of poor general condition, inability to speak, nausea and vomiting. She had a history of osteoporosis and being bedridden for 3 years due to inability to walk. At the time of admission, general condition was moderate-poor and consciousness was confused. Vital signs included blood pressure: 90/60 mmHg, pulse rate: 118/min, respiratory rate 16/min, SpO_2 in room air: 90%, temperature: 37.5 °C. Physical examination revealed positive crepitant rales in the basal right lung, distended abdomen, diffuse tenderness and diameter difference in the right lower extremity. Leukocytes: 30,100/mm^3, hemoglobin: 7.6 g/dL, platelets: 361,000/mm^3, arterial blood gas pH: 7.39, $PaCO_2$: 27.7, PaO_2: 68, SO_2: 94, HCO_3: 17, lactate: 2.3, D-dimer: 4,769 µg/L. Symptomatic treatment with fluid and oxygen support was initiated. Diagnostic imaging was then performed. Venous doppler ultrasound was performed because of diameter difference in the lower extremity and deep vein thrombosis (DVT) was observed in the right main femoral vein. A brain tomography was performed and an appearance compatible with chronic subdural hemorrhage was observed in the right parietooccipital region (Figure 1). Since the patient had nausea and vomiting and her abdomen appeared distended on abdominal examination, abdominal tomography was performed and fracture of the bony structures in the left pelvic region was incidental (Figure 2). On the other hand, thoracic tomography was planned to rule out pulmonary thromboembolism in a patient with immobilization, tachycardia, DVT, tachypnea and high D-dimer results. Thorax tomography revealed thromboembolism extending distally from the right pulmonary artery (Figure 3a, 3b) and an appearance compatible with pneumonic infiltration at the level of the lower lobe of the left lung (Figure 3c). The patient was consulted with the relevant branches and transferred to the intensive care unit for the continuation of the treatment started in the emergency department.

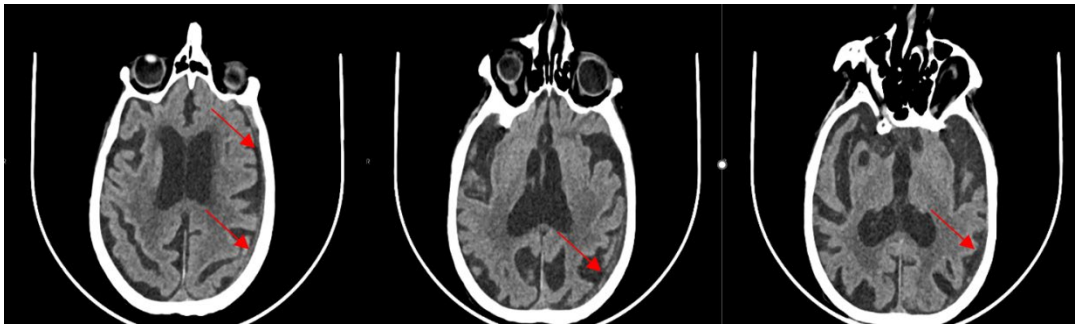

Figure 1. Appearance of chronic subdural hemorrhage

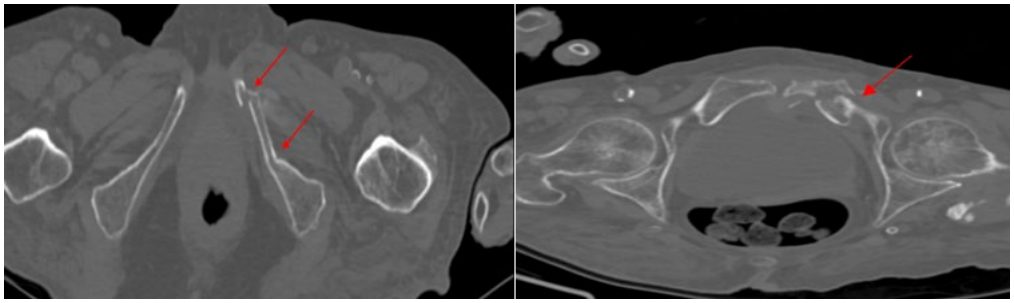

Figure 2. Fractures in the pelvic bones

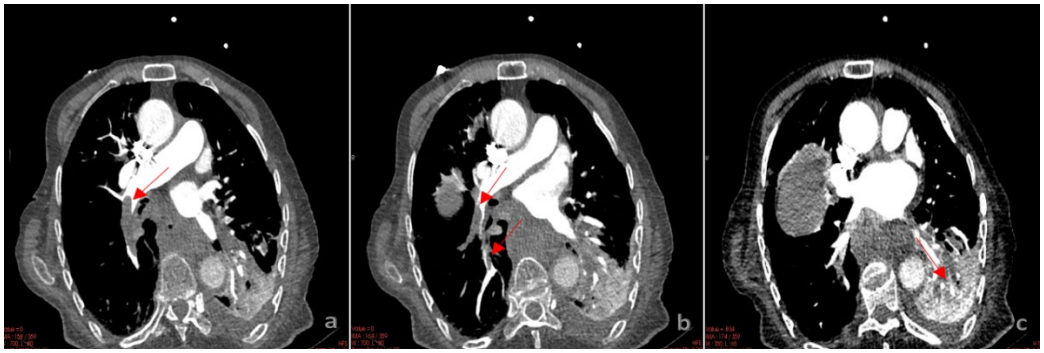

Figure 3a, 3b) Thromboembolic appearances in the right pulmonary arteries, **3c)** Pneumonic infiltration in the left lower lobe

DISCUSSION

Geriatric abuse or neglect can occur in a wide range of situations. Especially in the United States, it is seen in many different forms, from verbal abuse to sexual abuse, from physical abuse to financial abuse (5). It is not always easy to determine whether a case we encounter in the clinic has been neglected or abused. However, there may be some clues that we should suspect, especially in patients coming from institutional care centers, such as malnutrition or dehydrated appearance, multiple pressure sores, dirty clothes, lack of self-care (6). On the other hand, contractures and pressure sores after a previous ischemic cerebrovascular event may also indicate the natural course of the disease. It may not be correct to attribute pathologies detected by laboratory or imaging to abuse or neglect, especially in patients with dementia who cannot express themselves. Since the patient is unable to express himself/herself, there may be cases that a concerned and well-intentioned family member may have overlooked (7). Another issue regarding elder neglect is the difficulty in detecting neglect within families. The concept of family is regarded as sacred, and external intervention by an outsider is often deemed inappropriate, making it challenging to identify neglect and abuse within the family. Since individuals who experience neglect are often elderly people who rarely leave the house or never go out at all, the detection of elder neglect in society becomes even more difficult (8). Even if an elderly individual who has experienced neglect possesses the mental capacity to express themselves, they may sometimes hesitate to disclose their experiences due to societal stigma or shame. The fear of facing worse outcomes when recounting their experiences, the fear of being placed in a nursing home, and the feeling that no one will believe them can lead elderly individuals to accept events as they are (9).

Primary health care providers have the biggest role in solving this social problem, which is seen worldwide and increasing day by day. In particular, rapid initiatives should be taken to identify individuals living alone and to prevent them from neglecting themselves. On the other side, institutionalized elderly care facilities should be strictly monitored by the state

authorities and suspicious cases should be addressed. In preventing neglect and abuse within families, social and psychological support can be provided to both the patient and the family members responsible for their care, along with community-level education on elderly care to mitigate potential issues.

In conclusion, the subdural hematoma and pelvic fracture in our case were considered to be traumatic; however, the patient's relatives stated that the patient had not experienced any recent trauma. While it is possible that a few minor traumas the patient experienced went unnoticed, the family may also be reluctant to disclose the traumatic events they witnessed. On the other hand, it is likely for a patient with osteoporosis who is immobilized to experience such pathological conditions even from relatively minor traumas. For example, striking the head against a wall while sitting up from bed could lead to subdural hematoma. Additionally, the positioning during the change of the patient's diaper could cause fractures in the pelvic bones. From a medical perspective, we considered that the subdural hematoma resulting from the trauma or traumas the patient endured did not present symptoms, and since the patient had previously been unable to walk, the pelvic fracture also went unnoticed. It is probable that a pelvic bone fracture developed in the immobilized patient, leading to deep vein thrombosis, followed by pulmonary embolism. As the patient's condition deteriorated clinically, the addition of infection (pneumonia) resulted in altered consciousness, and only then was the patient brought to the hospital. Considering the very fine line separating neglect and abuse, while we cannot definitively state that there was intentional abuse by the family in this case, we can assert that neglect occurred.

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This manuscript has not been published or presented elsewhere in part or in entirety and is not under consideration by another journal. Author have read and understood your journal's policies, and believe that neither the manuscript nor the study violates any of these.

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Ethical Declaration

Informed consent was obtained.

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