

Cutaneous and subcutaneous hematomas associated with falls in a geriatric hospital

Toutous Trelu L¹, Herrmann FR², Tarteaut M-H², Assir N², Kaya A¹, Cheretakis A², Kaya G¹

¹Department of Dermatology, Geneva University Hospital

²Rehabilitation and Geriatrics, Geneva University Hospital

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Background: Falls and injuries in the elderly population are common causes of medico-surgical care and hospitalizations. We aim to evaluate the epidemiological aspects of cutaneous and/or subcutaneous hematomas among medico-surgical consultations of elderly hospitalized patients and optimize their management.

Methods: Retrospective datas from dermatological and plastic surgical consultations were collected to evaluate the incidence of severe skin hematomas, their epidemiological and clinical characteristics and proposition of a guided structured management in the department of Geriatrics of the University Hospital of Geneva.

Results: A total of 112 (53 - 95% CI= 44,64) hematomas were seen between 2007 and 2010 during 2092 dermatological and surgical consultations. Mean age of the patients was 87.4 – 7.5 years and a majority of them were women (83.9%). Out of the 112 patients with hematomas 12.5% had diabetes, 39.3% were under antiaggregant therapy and 61.6% under anticoagulant therapy. There was a significant difference concerning sex, age, and anticoagulant therapy between patients presenting with severe hematomas and the geriatric population without hematomas during the observational period ($p < 0,001$). Among all hematomas, 26 were deep dissecting hematomas. Medico-surgical care included 43 evacuation and drainage, 3 skin grafts, 1 vacuum-assisted-closure (VAC) therapy and 5 transfusions.

Conclusion: Our patients with hematomas showed severe skin tissue damage requiring specialized care. In general, most of cutaneous hematomas are undiagnosed or neglected. Hematomas often lead to serious morbidity and severe consequences such as anemia or extended wounds, requiring surgical intervention, and consequently increase the length of hospital stay and costs. Cutaneous complications after falls are poorly described (Kaya G et al) and their management depends on the experience of the center. Better knowledge about epidemiological, physiopathological and clinical aspects is necessary to improve prevention and management.



Fig.1 Hématome sous cutané du genou et drainage



Fig 2. Hématomes du visage

