

A Report on Retropharyngeal Hematomas and Consequences

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Perspective

RPHs (Retropharyngeal Hematomas) are uncommon. They're clinically significant because they're so close to the upper airway, which might be life-threatening and necessitates prompt treatment. Increased systemic inflammation and arterial hypertension are linked to obstructive sleep apnea. We present a case of retropharyngeal hematoma without trauma and speculate that untreated obstructive sleep apnea may be to blame. Due to the possibility of airway obstruction, traumatic retropharyngeal hematoma is a potentially life-threatening consequence of cervical spine injury. Treatment usually consists of protecting the airway and then providing conservative treatment. However a large, quickly developing; a 55-year-old man with a retropharyngeal hematoma caused by cervical vascular damage without a cervical fracture is presented. Under fluoroscopic guidance, the patient was effectively treated with endovascular arterial embolization and subsequent percutaneous drainage.

The presence of a retropharyngeal hematoma after a whiplash injury is uncommon. The risk of airway compression needs immediate evaluation and treatment. Following a car accident, an 80-year-old man who had been taking aspirin for a long time had a retropharyngeal hematoma. Tracheostomy, neck exploration, and hematoma evacuation and drainage were all used to treat the patient. There are less than 20 citations of traumatic retropharyngeal hematoma in the English literature, to our knowledge. Cervical extension/flexion injuries, anticoagulant therapy, great-vessel trauma, and foreign body ingestion have all been linked to retropharyngeal hematoma. Following a blunt trauma, the development of a retropharyngeal hematoma is a rare occurrence. A space-occupying lesion in this location, on the other hand, might be life-threatening and necessitates immediate evaluation and treatment. Because of the near closeness of the retropharyngeal space to the upper airway, this is clinically significant. Any swelling in the posterior pharyngeal space can cause it to protrude forward into the airway, obstructing it.

Retropharyngeal hematoma as a complication of anticoagulant medication is uncommonly reported in the literature. If the airway is compromised when this problem occurs, it can be life-threatening. However, there is no consensus on which technique is better for treating the airway in these cases: intubation, tracheotomy, or conservative therapy. We present a case of

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retropharyngeal hematoma that developed as a result of a minor physical trauma in a 48-year-old man who was using warfarin for anticoagulation. The hematoma had obstructing the patient's airway, thus he was admitted to the hospital. He was given conservative treatment, and the hematoma gradually dissipated over the course of two weeks.

On the basis of our experience and the findings of our literature review, we suggest that conservative management can be initiated for small nonexpanding hematomas that do not seriously compromise the airway. Securing the airway with intubation or tracheotomy should be reserved for patients who are in serious respiratory distress; the decision to use intubation or a tracheotomy should be taken on a case-by-case basis. Confirming the area of injury and the extent of the hematoma can be done with contrast-enhanced CT and cervical angiography. Within five hours of a cervical spine injury, half of patients with respiratory distress require definitive airway treatment, and all within 24 hours.

Neck injuries can result in fatal airway blockage; therefore it's important to keep an eye out for any indicators of impeding respiratory obstruction. RH (retropharyngeal hematoma) is a rare but possibly fatal complication of Anterior Cervical Spine Surgery (ACSS). During treatment, difficult conditions may arise, and catastrophic outcomes or even deaths may occur on rare occasions. There has yet to be established a universally accepted protocol. Suffocation can result from a retropharyngeal hematoma if the airway is not secured quickly enough by intubation. However, there are worries about intubation-related problems; it is still unknown which cases do not necessitate

intubation. A retropharyngeal hematoma can cause acute airway impairment, necessitating immediate airway stabilisation.

An elderly woman who was taking the antiplatelet drugs clopidogrel and aspirin developed a retropharyngeal hematoma after falling from a standing position roughly 10 hours before symptom onset. This rare and possibly life-threatening delayed start of fast airway impairment is due to a retropharyngeal hematoma following a fall in a patient taking clopidogrel. Retropharyngeal hematoma is a very uncommon diagnosis that necessitates a high level of clinical suspicion and airway stabilisation to avoid rapid worsening. A spontaneous retropharyngeal hematoma was discovered in an older patient with myelodysplastic syndrome and thrombocytopenia.

Report on the Case For the past 24 hours, a 90-year-old man with myelodysplastic disease had been complaining of trouble

swallowing and a muffled voice. His vital signs and physical assessment were ordinary when he arrived. Retropharyngeal hematomas are uncommon; however they can obstruct the upper airway and put one's life in jeopardy. Retropharyngeal hematomas are most commonly caused by a head or neck injury, although they can also be caused by iatrogenic factors such the insertion of a stomach tube or anticoagulant medication. Anticoagulant therapy patients are more prone to develop potentially serious retropharyngeal hematomas, according to research. A patient with retropharyngeal hematoma and cervical cord injury is described. In stellate ganglion block, bleeding into the retropharyngeal area is a possible consequence (SGB). Although only few data of the location are available, retropharyngeal hematoma formation is thought to be caused by injury to tiny arteries in the region. The goal of this work was to map the retropharyngeal space's high-risk blood vessels in order to avoid damage during SGB.