



# Bruising, Petechia, Ecchymosis

## Basics

### OVERVIEW

- “Bruising” is an injury to the skin in which blood vessels are broken, leading to discoloration of the tissues from the presence of red blood cells; “petechia” is a small, pinpoint area of bleeding; “ecchymosis” is a bruise or purplish patch under the skin or moist tissues of the body (known as “mucous membranes”), due to bleeding; plural for petechia is “petechiae”; plural for ecchymosis is “ecchymoses”
- Bruises, petechiae, or ecchymoses may appear spontaneously or following minimal trauma
- “Thrombocytopenia” is the medical term for low platelet count; “platelets” and “thrombocytes” are names for the normal cell fragments that originate in the bone marrow and travel in the blood as it circulates through the body; platelets act to “plug” tears in the blood vessels and to stop bleeding
- “Thrombocytopathy” is the medical term for any bleeding disorder that occurs due to a malfunction of the platelets
- “Clotting factors” are components in the blood involved in the clotting process—the clotting factors are identified by Roman numerals I through XIII

### GENETICS

- Inherited thrombocytopenia (low platelet count) with giant platelets is seen in Cavalier King Charles spaniels
- Immune-mediated low platelet count in the blood (thrombocytopenia) is suggested to have a genetic basis, because of the high number of cases in cocker spaniels, toy poodles, and Old English sheepdogs

### SIGNALMENT/DESCRIPTION OF PET

#### Species

- Dogs
- Cats—less common

#### Breed Predispositions

- Doberman pinschers and Scottish terriers are more likely than other breeds to have von Willebrand deficiency; many other breeds have von Willebrand disease; von Willebrand disease is a primary bleeding defect caused by low levels of von Willebrand factor or decreased function of existing von Willebrand factor; von Willebrand

factor is a type of protein that binds to platelets, causing them to crowd or mass together (aggregate) and to adhere to one another to stop bleeding—if the levels of von Willebrand factor are low or if the existing von Willebrand factor does not function normally, the platelets do not aggregate and adhere to one another and bleeding is not stopped

- Inherited thrombocytopenia (low platelet count) with giant platelets is seen in Cavalier King Charles spaniels
- Greyhounds have a lower than expected (normal) platelet count, causing mild thrombocytopenia
- Immune-mediated low platelet count in the blood (thrombocytopenia)—cocker spaniels, toy poodles, and Old English sheepdogs
- Certain breeds have recognized specific bleeding disorders that occur due to a malfunction of the platelets (thrombocytopathies), such as the basset hound, spitz, otter hound, Great Pyrenees, American cocker spaniel, collie, and the Persian cat

### **Mean Age and Range**

- Middle-aged female dogs are at increased risk

### **Predominant Sex**

- Middle-aged female dogs

## **SIGNS/OBSERVED CHANGES IN THE PET**

- Bruising
- Small, pinpoint areas of bleeding (petechiae) in the skin or moist tissues of the body
- Purplish patch under the skin or moist tissues of the body (ecchymosis)
- Other signs based on underlying cause

## **CAUSES**

### **Low Platelet Count (Thrombocytopenia)**

- Immune-mediated thrombocytopenia—unknown cause (so-called “idiopathic disease”); drug-induced thrombocytopenia (such as antibiotic-induced thrombocytopenia); secondary to cancer; and infection-induced thrombocytopenia (secondary to viral, rickettsial, bacterial, protozoal or fungal infection)
- Infectious thrombocytopenia, such as seen with ehrlichiosis, anaplasmosis, Rocky Mountain spotted fever (RMSF), babesiosis, leptospirosis, leishmaniasis, heartworm (*Dirofilaria immitis*), feline infectious peritonitis (FIP), feline leukemia virus (FeLV) infection, cytauxzoonosis, parvovirus, herpes virus, or generalized disease caused by the spread of bacteria in the blood (known as “septicemia” or “blood poisoning”)
- Bone-marrow suppression, leading to low red blood cell, low white blood cell, and/or low platelet counts, such as from estrogen toxicity or chemotherapy
- Medication-related—treatment with various drugs, such as procainamide, sulfa drugs, azathioprine, methimazole, albendazole, griseofulvin, and chloramphenicol
- Bone-marrow infiltration of abnormal cells, as seen with certain cancers (such as multiple myeloma or lymphoma)
- Sequestration of platelets in the liver and/or spleen secondary to cancer or twisting of the organ (known as “torsion”)
- Consumption of platelets, such as in disseminated intravascular coagulopathy or DIC (a blood-clotting disorder) or recent extensive bleeding, as seen with rodenticide poisoning

### **Abnormal Function of the Platelets (Thrombocytopathy)**

- Congenital (present at birth) or acquired (condition that develops sometime later in life/after birth) disorders affecting platelet function (adhesion or aggregation)

### **Blood-Vessel (Vascular) Disease**

- Inflammation of blood vessels (known as “vasculitis”) secondary to infection, such as with Rocky Mountain spotted fever or feline infectious peritonitis
- Immune-mediated inflammation of blood vessels (vasculitis)

### **Clotting Factor Deficiency**

- Usually do not see small, pinpoint areas of bleeding (petechiae) or purple patches (ecchymoses); most commonly bleeding occurs within body cavities and/or joints

## **RISK FACTORS**

- Severe von Willebrand disease is seen in German shorthaired pointers, Shetland sheepdogs, Scottish terriers, and Chesapeake Bay retrievers; von Willebrand disease is a primary bleeding defect caused by low levels of von Willebrand factor or decreased function of existing von Willebrand factor; von Willebrand factor is a type of protein that binds to platelets, causing them to crowd or mass together (aggregate) and to adhere to one another to stop bleeding—if the levels of von Willebrand factor are low or if the existing von Willebrand factor does not function normally, the platelets do not aggregate and adhere to one another and bleeding is not stopped
- Previous treatment with nonsteroidal anti-inflammatory drugs (NSAIDs)
- Recent vaccination has been suggested as a risk factor for immune-mediated low platelet count (thrombocytopenia)
- Arthropod (such as ticks) infestation, leading to infection by agents carried by the arthropod that cause such diseases as ehrlichiosis, anaplasmosis, Rocky Mountain spotted fever; these diseases are characterized broadly as being “arthropod-borne diseases”

## Treatment

### HEALTH CARE

- Usually as an inpatient, until a definitive diagnosis has been made
- Discontinue any medications that may alter platelet function (such as aspirin and other nonsteroidal anti-inflammatory drugs)
- Discontinue medication that is associated with immune-mediated low platelet counts (thrombocytopenia), such as trimethoprim-sulfa in dogs or methimazole in cats
- Maintain fluid volume with a balanced electrolyte solution
- Avoid injections under the skin (known as “subcutaneous injections”) and into the muscle (known as “intramuscular injections”) as well as drawing blood from the jugular vein
- Fresh whole blood or platelet transfusions may be necessary and life saving before a definitive diagnosis is been made (ensure blood samples are collected prior to transfusion for any diagnostic testing)
- No specific treatment is available for disorders characterized by abnormal function of platelets that are present at birth (known as “congenital thrombocytopathies”), other than desmopressin acetate (DDAVP), which can be used for Type I von Willebrand disease to help control bleeding
- Acquired (condition that develops sometime later in life/after birth) disorders affecting platelet function (thrombocytopathies)—underlying disease needs to be corrected
- Inflammation of blood vessels (vasculitis)—underlying disease needs to be treated

### ACTIVITY

- Minimize activity to reduce risk of even minor trauma

## Medications

- Depend on underlying diagnosis
- Prednisone alone or in combination with the chemotherapy drug, vincristine, for immune-mediated low platelet counts (immune-mediated thrombocytopenia)
- Doxycycline for infectious causes or until it has been determined that an infectious agent is not the cause of the low platelet count (thrombocytopenia)
- Desmopressin acetate for mild platelet function defects, such as Type 1 von Willebrand disease

## Follow-Up Care

### PATIENT MONITORING

- Depends on underlying diagnosis
- Daily platelet count for pets with low platelet counts (thrombocytopenia), until an adequate response is seen

### POSSIBLE COMPLICATIONS

- Signs of disease caused by bleeding into the brain, gastrointestinal tract, or other organs
- Shock caused by blood loss
- Blindness secondary to the presence of blood in the anterior chamber of the eye (the front part of the eye,

between the cornea and the iris; accumulation of blood known as “hyphema”), separation of the back part of the eye (retina) from the underlying, vascular part of the eyeball (known as the “choroid”; condition known as “retinal detachment”); and/or glaucoma (condition in which the pressure within the eye [intraocular pressure] is too high)

- Death

## EXPECTED COURSE AND PROGNOSIS

- Depend on underlying diagnosis

## Key Points

- “Bruising” is an injury to the skin in which blood vessels are broken, leading to discoloration of the tissues from the presence of red blood cells; “petechia” is a small, pinpoint area of bleeding; “ecchymosis” is a bruise or purplish patch under the skin or moist tissues of the body (known as “mucous membranes”), due to bleeding
- Treatment and prognosis depend on the underlying cause of the bruising, petechia, or ecchymosis
- Complications can be serious

## Notes

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