

# Rumpel-Leede Phenomenon as a Rare Complication After Transulnar Percutaneous Coronary Angiography and Intervention

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## Abstract

The Rumpel-Leede phenomenon is when the distal dermal capillaries of an extremity rupture in response to local mechanical pressure, such as an inflated blood pressure cuff or a compression band, disrupting the capillary membrane. This article presents an image of the rumpel-leede phenomenon after transulnar percutaneous coronary intervention.

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All authors declare no conflict of interest.

Consent:

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

## Case Report

A 55-year-old female patient presented to the emergency department with a two-day history of worsening epigastric pain and dyspnea. Medical history was positive for myocardial infarction, stroke, metabolic syndrome, and smoking. At admission, ECG revealed a Q wave on inferior leads and troponin level of 10,7 ng/mL (reference range < 0,1 ng/dL), then the patient was diagnosed with myocardial infarction.

The patient underwent PCI. Transradial access was not possible due to spasms. The interventionist team decided on a transulnar puncture approach. A sub-occlusive lesion on the right coronary artery was diagnosed and treated with a stent. A compressive bandage was placed at the puncture site for hemostasis. An hour later, a rash appeared on her right hand. It was a petechial, non-blanching, non-raised, non-tender lesions and had clear margins distal to the occlusive band (Figure 1). There were no sensory or motor deficits and no rash on any other part of her body. Radial and ulnar pulses were well palpable. The patient had thrombocytosis of 620.000 (per mm<sup>3</sup>) and partial active thromboplastin time was more than 250 seconds (the reference range is 37 seconds). She was in the use of clopidogrel and aspirin. Despite these laboratory values and the rash, the assistant doctor decided to maintain the anticoagulation therapy. A clinical diagnosis of rumpel-leede was made based on the characteristics of the lesions. She did not have any other hemorrhagic event and was safely discharged home after 24-hour observation, with partial resolution of the rash.

