A 66-year-old woman presented with painful abdominal skin necrosis where she had been injecting subcutaneous enoxaparin 1 week following elective knee arthroplasty (Figure). Her complete blood cell count and basic metabolic panel yielded unremarkable findings. Enoxaparin was discontinued, and a direct thrombin inhibitor was started. Heparin platelet factor 4 IgG antibody was strongly positive (2.065 OD), as was the serotonin release assay—findings consistent with the diagnosis of heparin skin necrosis and heparin-induced thrombocytopenia.¹ Ultrasound imaging was negative for deep venous thrombosis. The patient was discharged on a regimen of therapeutic rivaroxaban and did well without need for surgical debridement. Heparin skin necrosis is a rare presentation of heparin-induced thrombocytopenia that can complicate either low-molecular-weight or unfractionated heparin therapy. Normal platelet counts are common and do not preclude the diagnosis.

**Potential Competing Interests:** The authors report no competing interests.

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**REFERENCE**