Acute profound thrombocytopenia associated with clotinabtm after stenting with DES in the setting of acute st-elevation myocardial infarction

Cardiology1, Pediatric Cardiology2, Cardiovascular Center, Myongji Hospital
*Sun-Ok Song1*, Deok-Kyu Cho1, Ki Hyun Byun1, Lucy Youngmin Eun2, Yun-Hyeong Cho1

Introduction: Because ClotinabTM (antiplatelet GP IIb/IIIa) has the same active gradient as ReoPro®, it has also same side effect of abciximab-induced thrombocytopenia. Now we report a case of ClotinabTM -associated acute profound thrombocytopenia.

Case: A 43-year-old male was admitted due to ongoing, squeezing chest pain for 30 minutes. On physical examination, his blood pressure was 130/80 mmHg and his heart was 92 beats per minute, which were regular and normal S1 and S2 sounds. The initial electrocardiogram revealed ST segment elevation up to 1.5 mV in leads V1~V6. After treatment with aspirin, clopidogrel, nitratete, heparin, ClotinabTM, the patient underwent coronary angiography showing total occlusion of the mid-portion of left anterior descending artery. A successful angioplasty combined by stenting with drug-eluting stent was performed. In order to reduce the acute thrombotic reocclusion of the culprit artery, ClotinabTM infusion was continued. After 3 hours, the laboratory tests showed severe thrombocytopenia (platelet 4,000 /mm³). There was no sign of bleeding in the femoral puncture site. The anticoagulant therapy (heparin, ClotinabTM) was stopped immediately, and, hemostasis was usually achieved by Angio-Seal™ Evolution™ device at the vascular access site after removal of the catheter sheath. After 8 hours, the thrombocytopenia (platelets 2,000/mm³) had gotten worse. The patient was transfused with platelet repetitively. The antiplatelet therapy had been continued. The patient was discharged with slow improvement in the platelets count, 133,000/mm³, but no serious bleeding event. Discussion ClotinabTM has the same active gradient as ReoPro®, it also has the same side effect like abciximab-induced thrombocytopenia. Angio-Seal™ Evolution™ device, closure device promotes rapid hemostasis at the arteriotomy site by a mechanical seal and coagulation, not by platelet aggregation.

Conclusion: In our present case, acute profound thrombocytopenia associated with ClotinabTM was developed after PPCI in STEMI patient. The hemostasis was successfully achieved by Angio-Seal™ Evolution™ device after removal of femoral catheter sheath.

Spontaneous retroperitoneal hemorrhage successfully managed by transarterial coil embolization in patients undergoing percutaneous intervention

Korea University Guro Hospital, Seoul, Korea
*Ji Mi Moon, Seung-Woon Rha, Ji-Young Park

Life-threatening spontaneous retroperitoneal hemorrhage occurring during the percutaneous intervention with usual dose of adjunctive routine antiplatelet and antithrombotics is a very rare event. Transarterial coil embolization can be an effective treatment modality for this conditions. We present two typical but rare cases of spontaneous retroperitoneal hemorrhage occurred during the PCI and PTA which successfully managed by selective transarterial coil embolization. The first case was a 73-year-old female who experienced huge hematoma formation between the muscular layers of left abdominal area during the complex percutaneous coronary intervention and peripheral percutaneous transluminal angioplasty and the second case was a 69-year old female who experienced hematoma in left posterior pararenal space during PCI. Definite hemostasis was successfully achieved by transarterial coil embolization and two were safely discharged for regular outpatient follow up. Figures 1A.Left ilio-femoral angiography, perforation was observed in a small branch originated from left common femoral artery to left lower flank. 1B. After placement of micro catheter (2.5Fr Mira-flex, Cook) to the target muscular branch in left abdominal muscle area, selective microcoil embolization was performed using 2 X 4mm microcoil (Tornado, Cook). 2A. Angiography showed that small vessel which was originated from common iliac artery bifurcation site was the bleeding focus. 2B. Emergent coil embolization with 2 X 4mm microcoil (Tornado, Cook) to a small vessel.