Pulmoner Emboli Tedavisinde Intravenöz Doku Plazminojen Aktivatörü Sonrası – Myokard Enfarktüsü: Olgu Sunumu

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Giriş : Introduction Intravenous tissue plasminogen activator (t-PA) may be used to treat pulmonary embolism. During this experience, the presence of rare complications can be explored and schemes can be drawn.

Amaç : Case Report An acute deep vein thrombosis was detected in the popliteal vein in a 84-year-old female patient who developed sudden respiratory distress. Arterial blood gas parameters measured as Ph: 7.37 ,PCO2: 14 mmHg, PO2: 103 mmHg, lac: 12.2, HCO3: 11 mmol / l and BEecf -16.7 mmol / l. Her cardiac rhythm was sinus . The patient was admitted to the intensive care unit, one day after the initial diagnosis of pulmonary embolism. Patient was disoriented, rapidly regressed with a Glaskow Coma Score E2M4V1. Brain tomography was taken and no acute pathology was detected. The patient was intubated and hypotensive despite vasoactive amine supplementation . T-PA infusion was given. Medical intravenous drug treatment was applied to the patient because of atrial fibrillation with rapid ventricular response. Afterwards, the electrocardiogram was compatible with ST elevated myocardial infarction ,coronary angiography was planned. But also laboratory results were as INR: 4.14, ALT 1517u / l, AST 1828u / l, blood pressure was 98/51 mmHg (by infusion of dopamine and steradine) and reduced diuresis with 5.76 mg / dl creatinine level. So coronary angiography could not be performed. Clopidogrel and aspirin were used as medical treatment. The patient died next day.

Gereç ve Yöntem : Discussion We suspect that systemic thrombolysis with IV tPA contributed to the fragmentation and lyses of underlying cardiac thrombus which subsequently embolized distally to block the coronary circulation and cause myocardial infarction (1). There are cases demonstrating the reverse phenomena of development of acute ischemic stroke after administration of thrombolytic therapy in MI (2). Cardiac thrombus in the presence of acute ischemic stroke is a relatively rare occurance.In one of the studies it was found that the cardiac thrombus was present in 2.7% of patients given IV tPA for acute ischemic stroke using transesophageal echocardiography (TEE). (3) In one case cardiac wall rupture considered in patient who developed acute hypotension and bradycardia following tPA administration. (4)

Bulgular : Conclusion The management of MI in the event of tPA administerd is very difficult and no guidelines exist at present for the time duration within which antiplatelets or anticoagulants can be safely started to prevent MI.

Tartışma /Sonuç :

Kaynakça :

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