

CHALLENGING CASES IN ANTICOAGULATION: CASE #1

A 33 yo woman has become pregnant for a third time (1 successfully carried to term, 1 spontaneous abortion). She underwent valve replacement 3 years ago with a Carbomedics mechanical prosthesis for rheumatic mixed mitral valve disease and HF. Prosthesis function is excellent; patient was maintained on warfarin with INR 3.0-4.0, but she and her husband preferred to minimize embryopathy risk. You discussed options with patient and husband, and suggested

- a. warfarin throughout pregnancy except for weeks 6-12 and 34-36, during which adjusted dose s.c. UHF would be used tid, with aPTT maintained at 2.0-2.5 x control at trough.
- b. s.c. UHF tid, with aPTT maintained at 2.0-2.5 x control at trough, throughout pregnancy, supplemented with aspirin 81 mg daily.
- c. LMWH throughout pregnancy (drug to be selected) with Factor Xa activity maintained at 0.7 to 1.2 units/ml.
- d. None of the above

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The patient and her husband opted for LMWH use throughout the pregnancy, without aspirin. During week 8 of gestation, she developed marked dyspnea, with newly faint prosthetic valve sounds. TTE revealed a relatively large thrombus associated with the prosthesis. You elect to

- **Initiate thrombolytic therapy with a 250,000 unit bolus of streptokinase followed by 100,000 units/hr**
- **Undertake emergency valve surgery to debride and possibly replace valve**
- **Initiate IV UHF to aPTT 2.0-2.5 x control**
- **Treat with diuretic to minimize symptoms and add aspirin to current therapy**
- **None of the above**

CHALLENGING CASES IN ANTICOAGULATION: CASE #2

A 58 yo woman with chronic atrial fibrillation and a St. Jude's mechanical valve prosthesis in the mitral position develops symptomatic cholelithiasis requiring urgent surgery. A laparoscopic procedure is selected. She is chronically anticoagulated with warfarin to INR 2.5-3.5. Surgery is to be undertaken as soon as possible. You will facilitate surgery by

1. Administering vitamin K 5 mg IV
2. Administering 2 units of FFP
3. Administering narcotics and prophylactic antibiotics to allow INR to fall spontaneously to a level at which surgery can be performed safely

CHALLENGING CASES IN ANTICOAGULATION: CASE #2

Laparoscopic cholecystectomy is performed successfully, with no apparent bleeding complications. You reinstitute anticoagulation by

1. administering warfarin at patient's chronic pre-op dose beginning on second post-op day. (Patient is ordered to receive parenteral but not oral antibiotics post-op.)
2. administering intravenous UHF beginning 48 hours post-op to aPTT 1.5 – 2.0 x control, and beginning warfarin simultaneously.
3. administering LMWH enoxaparin at 1mg/kg, assessing Factor Xa activity 6 hours after first dose, with plan to adjust to minimum activity of 0.5 u/ml, and beginning warfarin simultaneously
4. None of the above