

Prosthetic Valve Thrombosis: Now What?

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DISCLOSURE STATEMENT

Speaker: Jeffrey S. Borer, M.D.

has disclosed that he has no actual or potential conflict of interest in regard to this lecture.

PROSTHETIC HEART VALVE THROMBOSIS

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 - Poor drug compliance
 - Low cardiac output
 - Hypercoagulable state
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- **Diagnosis – if suspected clinically**
 - Echo (TTE for hemodynamic severity, TEE [or fluoro] for valve motion/clot burden)

PROSTHETIC HEART VALVE THROMBOSIS

- **Caveat**
 - *Obstruction may involve pannus – may not be determinable pre-therapy*

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 - INR range 0.5 higher than standard
 - + aspirin

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 - INR range 0.5 higher than standard
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 - If partially successful, or if fibrinolysis not tolerable
 - s.c. UFH bid + warfarin (3 months, reevaluate)
 - » Success: warfarin as above
 - » Unsuccessful: surgery

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 - Emergent Surgery

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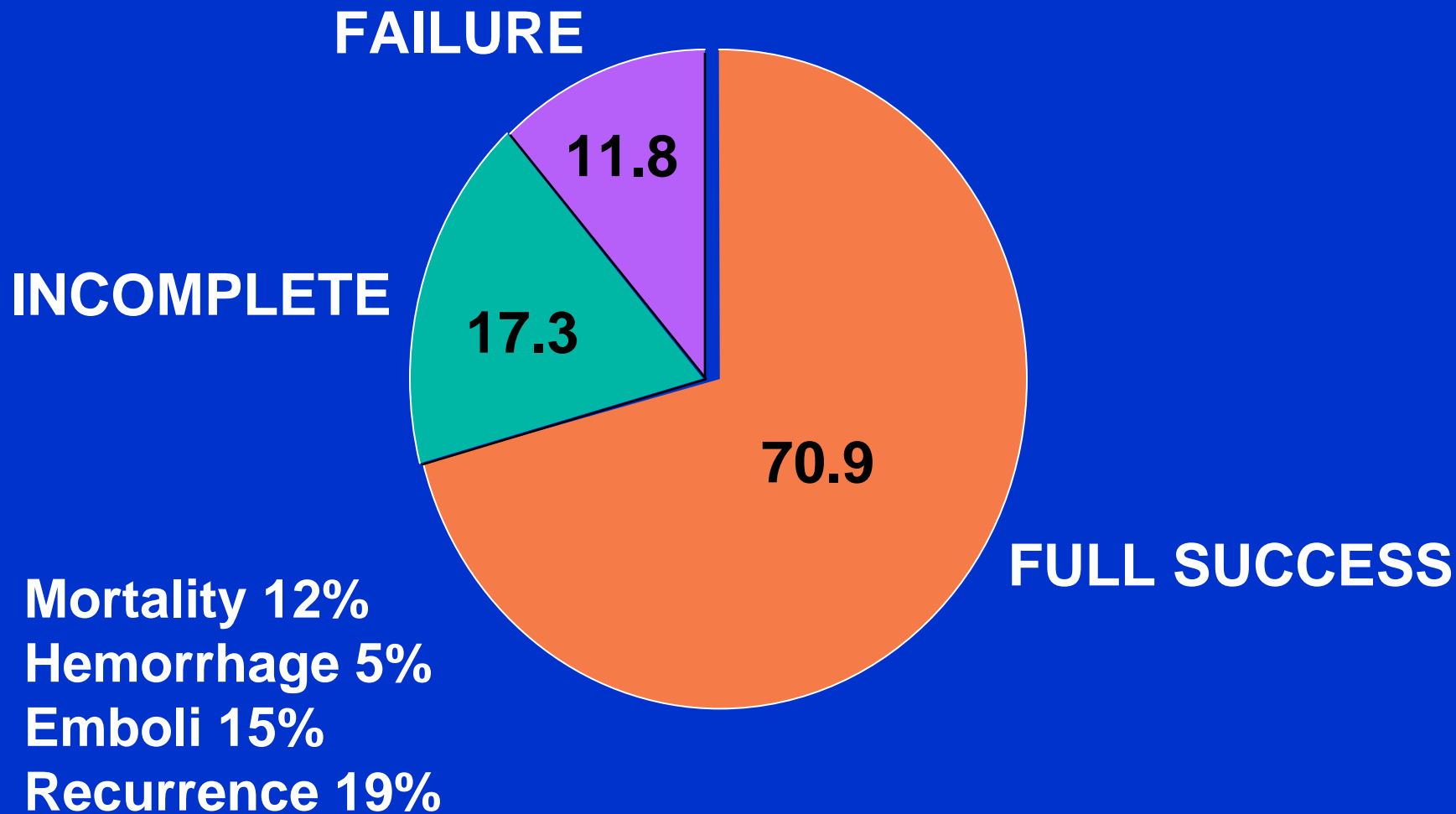
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PROSTHETIC HEART VALVE THROMBOSIS

MANAGEMENT

- **“Large” (>10mm) MV/AV clot by TEE and/or NYHA FC III-IV, relatively stable (= intermediate risk)**
 - **Emergent Surgery**
- **“Large” TV clot by TEE and/or NYHA FC III-IV**
 - **Fibrinolysis (limited data)**
- **“Large” MV/AV clot, FC III-IV, unstable/critically ill, surgical risk high and/or surgery unavailable**
 - **Fibrinolysis (rescue)**

FIBRINOLYSIS FOR PROSTHETIC VALVE THROMBOSIS (N=127)



PROSTHETIC VALVE THROMBOSIS:

Univariate Analysis of Risk Factors for In-Hospital Mortality

<u>Factor</u>	<u>P</u>
• ACCT	0.202
• TPT	0.079
• Preoperative atrial fibrillation	0.760
• Preoperative renal insufficiency	0.673
• Preoperative CVE	0.062
• Emergency operation	0.514
• PAP > 50 mmHg	0.635
• Gender (female)	0.187
• Tilting disk	0.532
• LVESD	0.006
• LVEDD	0.001
• LVEF	0.001***
• NYHA Class	
– 1-2	0.962
– 3-4	0.635