Prikaz slučaja: Otapanje tromba u aurikuli lijevog atrija pod terapijom dabigatranom

Case report: Disappearance of left atrial appendage thrombus on dabigatran therapy

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KLJUČNE RIJEČI: fibrilacija atrija, dabigatran, tromb.

KEYWORDS: atrial fibrillation, dabigatran, thrombus.

CITATION: *Cardiol Croat.* 2014;9(9-10):452.

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UVOD: Učinak dabigatrana je dobro poznat u prevenciji moždanog udara i tromboembolija u nevalvularnoj fibrilaciji atrija, kao i prevencije duboke venske tromboze pri operaciji kuka i koljena, no učinak dabigatrana na već formirani tromb u aurikuli lijevog atrija nije potpuno jasan. Prikazujemo dva slučaja otapanja tromba u aurikuli lijevog atrija (LAA) pod terapijom dabigatranom.

PRIKAZ SLUČAJA: Prvi slučaj: 72-godišnji muškarac je hospitaliziran u Kliničkom bolničkom centru Zagreb pod slikom pogoršanja kroničnog kongestivnog zatajivanja srca i permanentne fibrilacije atrija. Bolesnik je već bio liječen dabigatranom u dozi 220mg dnevno unatoč dobroj renalnoj funkciji. Učinjena je transezofagijska ehosonografija (TEE) pri prijemu koja je razotkrila mobilnu masu u LAA. Doza dabigatrana je povećana na 300mg dnevno i tako ostala slijedeća dva mjeseca bez znakova krvarenja. Ponovljeni TEE je potvrdio nestanak trombotske mase. Drugi slučaj: Bolesnica u dobi od 69 godina je hitno hospitalizirana zbog tahiaritmije. Ranije je već bila postavljena dijagnoza perzistentne fibrilacije atrija i preporučeno liječenje antagonistima K vitamina. Pri prijemu je INR bio u terapijskom rasponu, no nije bilo poznato kako se kretao u ranijim mjesecima. Učinjen je TEE u namjeri da se nastavi s kardioverzijom, no uočena je masa u LAA. Nastavlja se s kontrolom frekvencije, a varfarin se zamjenjuje za dabigatran 300mg dnevno. Kontrolni TEE učinjen tri mjeseca kasnije potvrđuje praznu LAA. Terapijski učinak dabigatrana na intrakardijalne trombe je još uvijek upitan. Objavljeni su slučajevi nastajanja tromba u LAA pri prebacivanju bolesnika s kumarinskih preparata na dabigatran, ali isto tako i slučajevi rezolucije tromba pod terapijom dabigatranom.

ZAKLJUČAK: Izvjesno je da postoje i druge terapijske mogućnosti liječenja intrakardijalnih tromba, no za konačni zaključak su potrebne kliničke studije.

INTRODUCTION: The effectiveness of dabigatran in the prevention of stroke and embolism in nonvalvular atrial fibrillation and prevention of venous thromboembolism in adults receiving elective total hip or knee replacement surgery is well known, but the benefit of dabigatran therapy in evident left atrial appendage (LAA) thrombus is not clear. We present two cases of left atrial thrombus resolution in patients on dabigatran.

CASE PRESENTATIONS: Case 1: A 72-year-old man was admitted to University Hospital Centre Zagreb with acute exacerbation of chronic heart failure and permanent atrial fibrillation. His renal function was normal. He had been on dabigatran 220 mg/day for four months earlier. Transeophageal echosonography (TEE) was done on admission and demonstrated a mobile mass in the LAA. Dabigatran was changed to 300 mg/day. He has remained on dabigatran for 2 months later without any serious bleeding complications, and TEE confirmed that the thrombus had disappeared. Case 2: A 69-year-old woman was admitted with tachyarrhythmia. The persistent atrial fibrillation has been diagnosed earlier and she has been on anti-vitamin K treatment already. The INR was in therapeutic range at admission, but there was no information of INRs in the preceding months. TEE was done in order to perform cardioversion, but there was found a mass in LAA. A strategy of rate control was started, and anti-vitamin K drug was changed to dabigatran 300 mg/day. Control TEE was done 3 months later and demonstrated empty LAA. The therapeutic effect of dabigatran on intracardiac thrombus is still questionable. There have been reported cases of reversible LAA thrombus after switching from warfarin to dabigatran therapy. On contrary, there have been reported cases of thrombus disappearance on dabigatran therapy.

CONCLUSIONS: Obviously, there are other therapeutic options for patients with intracardiac thrombus, but case controlled studies are needed.

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RECEIVED:
September 23, 2014