25 Maggio 2018

XI congresso nazionale

simeu

ROMA 24-26 MAGGIO 2018

Maria Teresa Spina
USC PS e USS 118, ASST Lodi

SANGUINAMENTI MAGGIORI
REAL LIFE

Giancarlo 79 aa

Real Life….

In PS accompagnato da MSB
direttamente in sala emergenza per rettorragia e ipotensione grave.

A domicilio episodio pre-sincopale successivo ad evacuazione di feci con sangue rosso vivo.
Episodi di vomito e diarrea nei giorni scorsi

PA 80/40 mmHg
FC 120 bpm
FR 24 atti/m
SpO2 96%
TC 36.8°C
GCS 13 (O3V4M6)

Real Life….

Pz soporoso ma risvegliabile
Cute e mucose disidratate
All’ega arterioso: Hb 8.5 gr/dl, Lattati 5
ECG: tachicardia sinusale
VCI collabita, non liquido libero in addome
Si eseguono esami ematici
Si inizia riempimento volemico.
Si richiedono 3 sacchi di EC

Hb	GR	GB	INR	PT	aPTT	aPTT Ratio
8	3.000.000	12.630	2.0	35	70	2.2

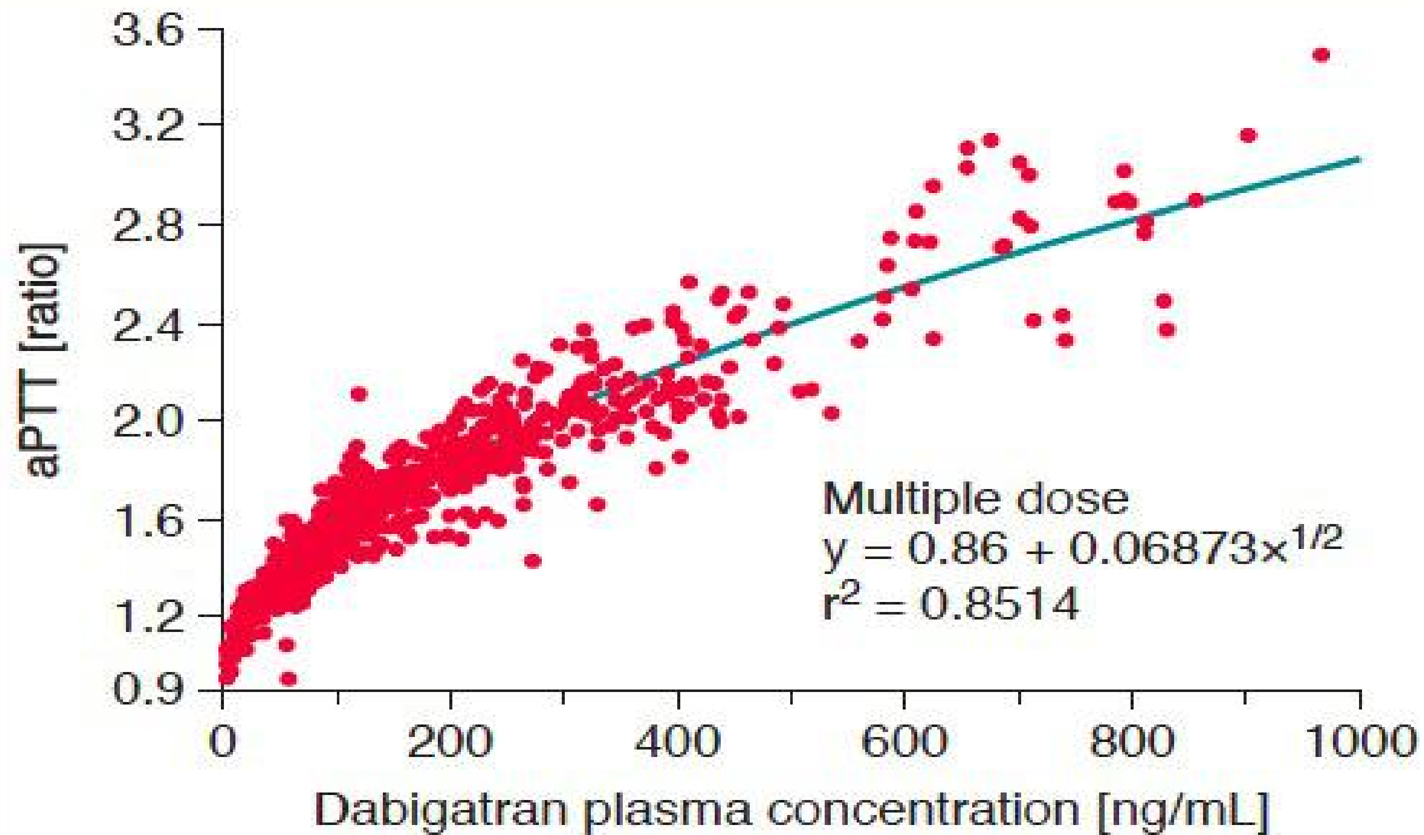

Figure 3 Curvilinear relation between aPTT and dabigatran plasma levels. From van Ryn *et al.*,[12] with permission.

Van Ryn J, Stangier J, Haertter S, Liesenfeld KH, Wienen W, Feuring M et al. Dabigatran etexilate—a novel, reversible, oral direct thrombin inhibitor: interpretation of coagulation assays and reversal of anticoagulant activity. Thromb Haemost 2010;103:1116–27.

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EXPERT CONSENSUS DECISION PATHWAY

2017 ACC Expert Consensus Decision Pathway on Management of Bleeding in Patients on Oral Anticoagulants

A Report of the American College of Cardio
Expert Consensus Decision Pathways

3.2. Definitions

Definitions of terms used throughout the decision pathway are listed here.

DOACs refer to any direct oral anticoagulant.

Major Bleed(s) are all bleeds associated with hemodynamic compromise, occurring in an anatomically critical site (e.g., intracranial), or associated with a decrease of hemoglobin ≥2 g/dL (when baseline is known) or requiring transfusion of ≥2 U of packed RBCs.

Nonmajor Bleed(s) are all bleeds not classified as major. Some nonmajor bleeds may require intervention or hospitalization.

OACs refer to any oral anticoagulant, including DOACs and VKAs.

ISTH International Society on Thrombosis and Haemostasis

Table 2: Definitions of bleeding used in pivotal NOAC trials.

Major bleeding	Life-threatening bleeding
• Decrease in haemoglobin of ≥ 2 g/dl, or • Transfusion of ≥ 2 units of packed RBCs, or • Bleeding into a critical site (intracranial, intra-spinal, intraocular, pericardial, intra-articular, intramuscular with compartment syndrome, retroperitoneal)	• Fatal bleeding, or • Symptomatic intra-cranial bleeding, or • Bleeding with decrease of haemoglobin of ≥ 5 g/dl, or • Bleeding requiring inotropic support, or • Bleeding requiring surgery, or • Transfusion of ≥ 4 units of packed RBCs

ESC European Society of Cardiology
European Heart Journal (2018) 00, 1–64
doi:10.1093/eurheartj/ehy136
SPECIAL ARTICLE

The 2018 European Heart Rhythm Association Practi[...] K antag[...] with a[...]

Non life-threatening major bleeding

+

+

Supportive measures :

- Mechanical compression
- Endoscopic haemostasis if gastro-intestinal bleed
- Surgical haemostasis
- Fluid replacement
- RBC substitution if needed
- Platelet substitution (if platelet count ≤60x10⁹/L)
- Consider adjuvant tranexamic acid
- Maintain adequate diuresis

For dabigatran:

- Consider idarucizumab / hemodialysis (if idarucizumab is not available)

- Delay or d[...]
- Reconside[...]
- Reconside[...] (see chapt[...]

[...]g bleeding

Ot[...]

- [...]ated patients: [...]
[...]reated patients: [...]pending approval
- [...], CoFact®) 50 [...]dicated [...]/kg; max 200

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EXPERT CONSENSUS DECISIO

2017 ACC Expert Pathway on Man in Patients on Or

A Report of the American College of Card
Expert Consensus Decision Pathways

- Stop OAC
- If patient is on a VKA, give 5-10 mg IV VitK
- Provide local therapy/ manual compression
- Provide supportive care
- If applicable, stop antiplatelet agent(s)
- Assess for and manage comorbidities that could contribute to bleeding (e.g., thrombocytopenia, uremia, liver disease)
- Consider surgical/ procedural management of bleeding site

Suggest administering reversal agent* (See Figure 3)

- Stop OAC
- If patient is on a VKA, give 5-10 mg IV VitK
- Provide local therapy/ manual compression
- Provide supportive care
- If applicable, stop antiplatelet agent(s)
- Assess for and manage comorbidities that could contribute to bleeding (e.g., thrombocytopenia, uremia, liver disease)
- Consider surgical/ procedural management of bleeding site

Did the above measures control the bleed?

NO

YES

Real Life....

Si avvia trasfusione di una sacca di EC
Si esegue Rettosigmoidoscopia in urgenza

A livello del sigma assenza di lesioni; il retto appare completamente repleto di coaguli e materiale brunastro. A livello del retto distale pare apprezzarsi rilievo di 15 mm ricoperto di feci e coaguli (polipo?). Non segni di sanguinamento attivo in corso d'esame. Si consiglia look appena possibile preparazione del viscere

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SOCIETA ITALIANA MEDICINA D'EMERGENZA-URGENZA · SIMEU ·

Real Life....

Ore 20.00

PA 80/60 mmHg, si somministra Idarucizumab 5 gr in due boli ravvicinati di 2.5 gr ev

Ore 21.00

PA 100/60 mmHg,
paziente asintomatica per rettorragia

Hb	GR	GB	INR	PT	aPTT	aPTT Ratio
8	3.000.000	12.630	2.0	35	70	2.2
9.3*	3.140.000	11.190	1.2	68	33	1.06

*Hb dopo due sacche di emazie concentrate

Real Life....

- Il paziente viene dimesso in settima giornata
- Dimesso a domicilio con EBPM 100 UI/Kg due volte die, in previsione degli esami endoscopici di controllo programmati
- Ha eseguito Colonscopia ambulatoriale che mostrava diverticolosi del colon e confermava il micropolipo (adenoma)
- Il Dabigatran è stato inserito in terapia dopo 20 giorni dalla dimissione, al dosaggio di 110 mg 1 cp due volte die
- Durante il periodo di follow-up alla dimissione valori di Hb sempre stabili (13 gr/dl) e nessun evento avverso

FOLLIA E' FARE
SEMPRE LA STESSA COSA
E
ASPETTARSI RISULTATI
DIVERSI
(A. Einstein)

GRAZIE