

# Accepted Manuscript

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PII: S1110-578X(17)30047-0

DOI: [10.1016/j.jescts.2017.06.001](https://doi.org/10.1016/j.jescts.2017.06.001)

Reference: JESCTS 84

To appear in: *Journal of the Egyptian Society of Cardio-Thoracic Surgery*

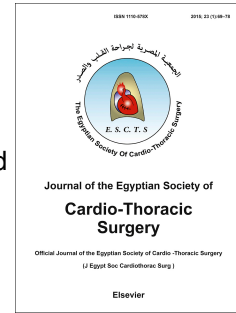
Received Date: 12 March 2017

Revised Date: 31 May 2017

Accepted Date: 1 June 2017

Please cite this article as: Fawzy A, Ali HF, Elanwar M, Mechanical mitral valve prosthesis: Should the INR be above 2 when aspirin is added to the oral anti-coagulant (VKA)?, *Journal of the Egyptian Society of Cardio-Thoracic Surgery* (2017), doi: 10.1016/j.jescts.2017.06.001.

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# Mechanical Mitral Valve Prosthesis: Should The INR Be Above 2 When Aspirin Is Added To The Oral Anti- Coagulant (VKA)?

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## **Abstract:**

- **Objectives:** Our aim is to avoid thrombo-embolic and bleeding events in mechanical mitral valve prostheses and find a solution for the difficult adjustment of the INR with the given VKA (Vitamin K Antagonists/Oral anticoagulants) by adding small dose of Aspirin (75 or 81mg/day) to the oral anticoagulants.

- **Materials and methods:** We revised the data of 183 patients who had been submitted for mechanical mitral valve replacement between January 2007 and January 2011 and followed for 2 to 3 years post operative. All of them had been replaced with St.Jude prostheses. 104 of them receive Aspirin with the VKA, referred to as group A; group B patients (79 patients) receive only VKA to thin out the blood. We followed both groups clinically, by coagulation profile and by echocardiography for 2-3 years to assess the INR and the state of the valve in response to the added Aspirin to the VKA.

- **Results:** In the cases receiving Aspirin added to the oral anticoagulants we found less incidence of malfunctioning valves, less thrombo-embolism and less bleeding events. There were lower doses of oral anticoagulants taken, lower figures of INR in group A than in group B.

- **Conclusion:** Aspirin added to oral anticoagulants post MVR has the advantages of being safe, convenient and reliable with no need to frequently adjust the oral anticoagulants doses or fear of thrombo-embolic events. There is no need for

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