

Tirofiban induced diffuse alveolar hemorrhage

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ABSTRACT

Alveolar hemorrhage is a dreaded complication which is seen rarely following the use of tirofiban, it is often confused with other respiratory syndromes resulting in inappropriate or delayed treatment. We present a case of acute alveolar hemorrhage following tirofiban infusion following acute coronary syndrome.

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Case Report

A 53-year-old male presented with history acute onset chest pain since four hours associated with breathlessness. ECG done revealed ST segment elevation in leads V1 to V4 suggestive of anterior wall myocardial infarction Fig. 1A. Chest X-ray revealed hilar infiltrates suggestive of pulmonary edema. 2D Echo done showed hypokinesia of left anterior descending artery (LAD) territory. Coronary angiogram revealed proximal LAD 100% occlusion with retrograde filling from right coronary artery (RCA), left circumflex artery and RCA had minor plaques. A primary percutaneous transluminal angioplasty was done from the right femoral access, after predilatation with 3.5 × 15 mm NC balloon at 12 ATM, a 3 × 32 mm drug eluting stent was deployed. After post dilatation thrombolysis in myocardial infarction (TIMI) III flow was achieved. Patient was treated with diuretics and intravenous tirofiban loading dose (25 mcg/kg IV infused within 5 min) followed by 0.15 mcg/kg/min IV for 24 hrs. After 48 hours the patient developed chest pain with new ST elevation in the inferior leads Fig. 1B. Check angiogram was immediately done which revealed a patent LAD stent but new thrombus in LCX. The patient was restarted on intravenous tirofiban at 0.15 mcg/kg/min and other supportive medications (inotropes, diuretics). The patient had relief of symptoms with ST segment resolution in the inferior leads over the next 24 hours. Patient had relief of chest pain but continued to have breathlessness. Chest X-ray showed bilateral diffuse infiltrates Fig. 2a patient was started on furosemide loop diuretics. Patient developed hemopt-

ysis with worsening of breathlessness and had to be shifted back to the intensive care unit. Repeat chest X-ray showed persistent infiltrates Fig. 2b. The patient developed one episode of ventricular tachycardia requiring direct current (DC) cardio version and antiarrhythmics. Patient had one episode of hemoptysis and had to be intubated with on ventilator support. After observing a significant fall in hemoglobin (3 gm/dl) and persistent chest X-ray infiltrates in spite of aggressive diuretics pulmonologist consultation was done. High resolution CT thorax Fig. 3a revealed bilateral diffuse opacities Fig. 3b. A diagnosis of diffuse alveolar hemorrhage secondary to Tirofiban was made. Antiplatelets were stopped along with Tirofiban and ecosprin reinitiated over the next 24 hrs. The patient had a prolonged ICU stay and gradually improved over the next 5 days after which he was extubated. The recovered completely with clearing of chest infiltrates on X-ray and was discharged with dual antiplatelets. The patient is being followed up regularly.

Discussion

Platelets play an important role in the pathogenesis of acute coronary syndromes. Apart from thrombolysis, platelet inhibition is the mainstay of medical treatment and as such anti platelets are recommended early on during presentation.¹ The administration of glycoprotein IIb/IIIa inhibitors provides additional benefit to the mechanical reperfusion treatment of patients with ST-segment-elevation myocardial infarction.² This therapy is included as a Class IIA recommendation in the Guidelines for Percutaneous Coronary Intervention but increased risk of bleeding is associated with the use of GPIIb/IIIa inhibitors.^{2–3} Apart from minor bleeds like petechiae, gum bleeding major bleeding including intracranial, gastrointestinal and pulmonary bleeding have been documented.⁴

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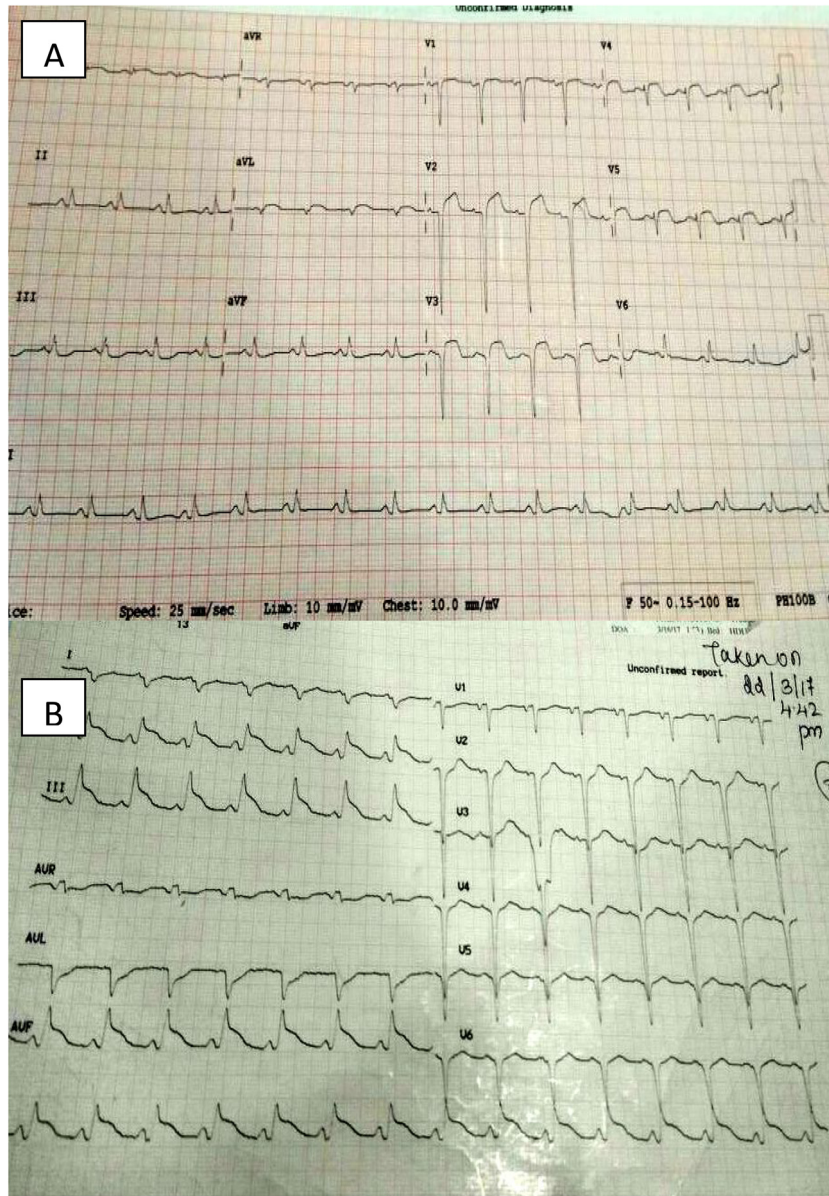


Fig. 1. A. ST elevation in V2 to V6 (AWMI) B. ST elevation in II, III AVF suggestive of inferior wall myocardial infarction.

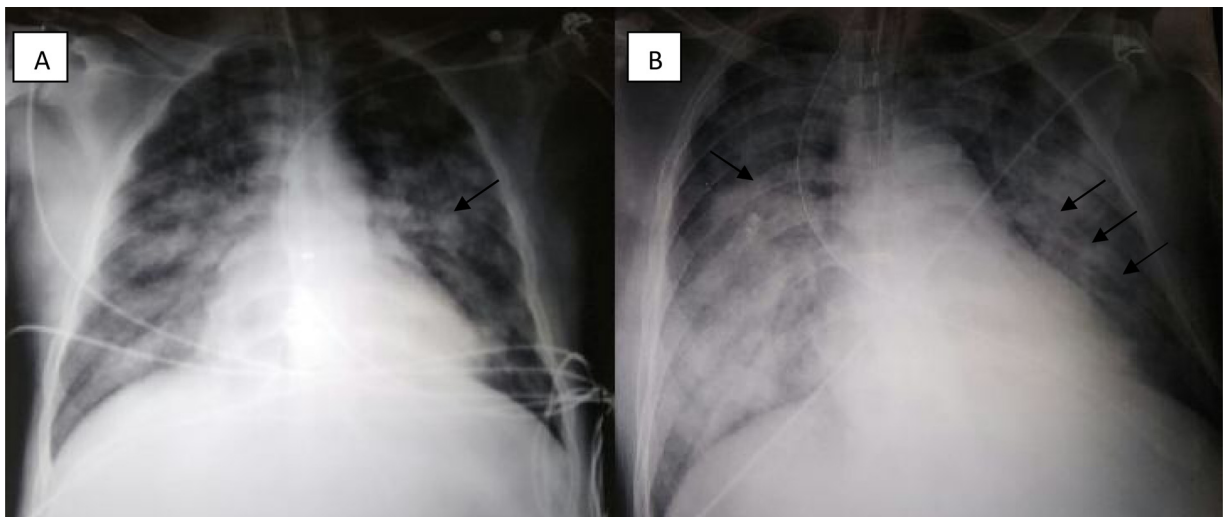


Fig. 2. A- Showing bilateral diffuse fluffy shadows secondary to pulmonary edema on admission, B- Increase in the fluffy shadows after the administration of tirofiban.

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