

XVII Jornadas SOLACI



Antiagregación plaquetaria en los síndromes coronarios agudos

6º Región Cono Sur
7 y 8 de Junio 2012

Dra. Bárbara Janssen

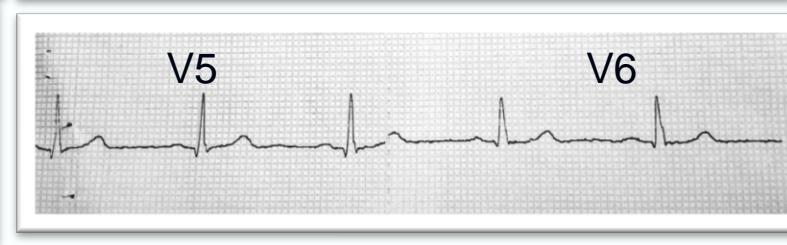
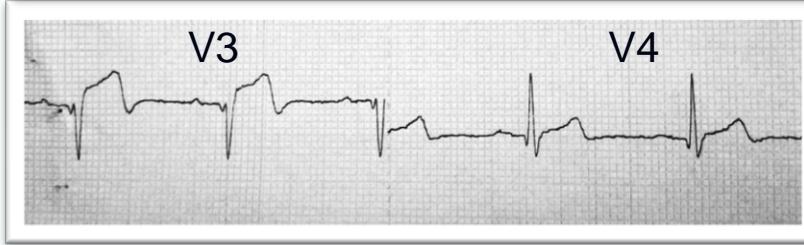
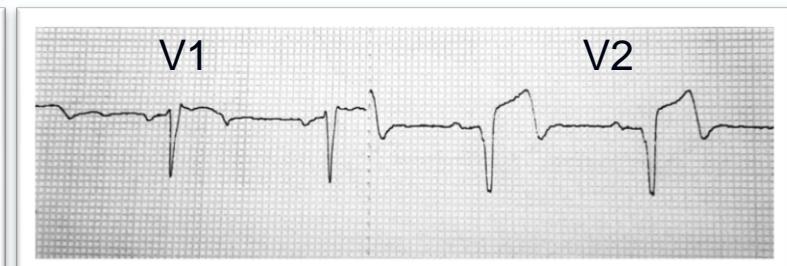
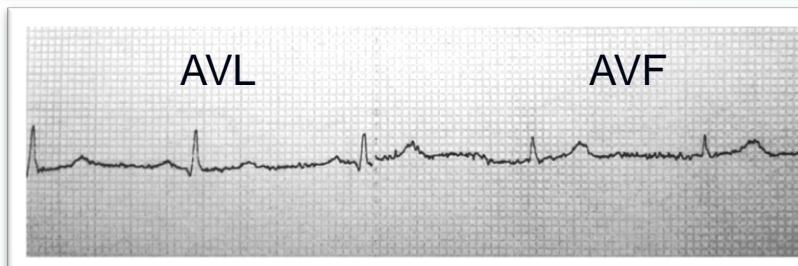
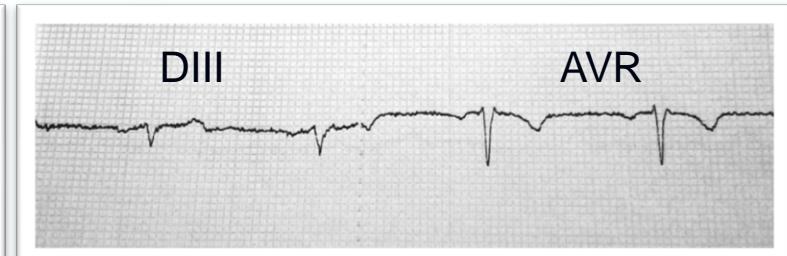
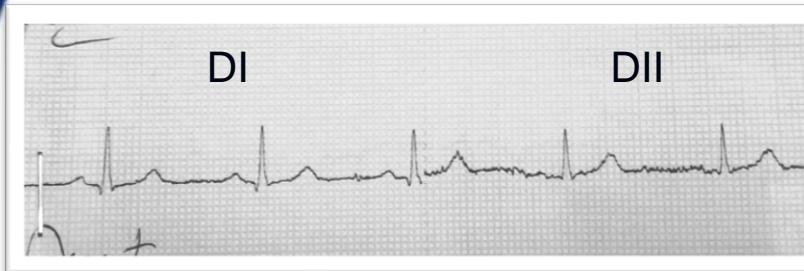
HISTORIA CLINICA

- Sexo Masculino
- 75 años
- FRCV: HTA en tratamiento con Enalapril 20 mg/día.
Dislipemia.

Consulta en Emergencia:

- Angor de reposo prolongado (40 min) con el siguiente ECG.

ECG (1)



- Con diagnóstico de *IAM c/ST anteroseptal KKI de 1 hora de evolución* se realiza tratamiento con AAS 500 mg, Clopidogrel 600 mg y Heparina Sódica bolo de 5000 U.
- Se envía para Angioplastia primaria.



L 97
W 150



Run 130 - Frame 1 / 1

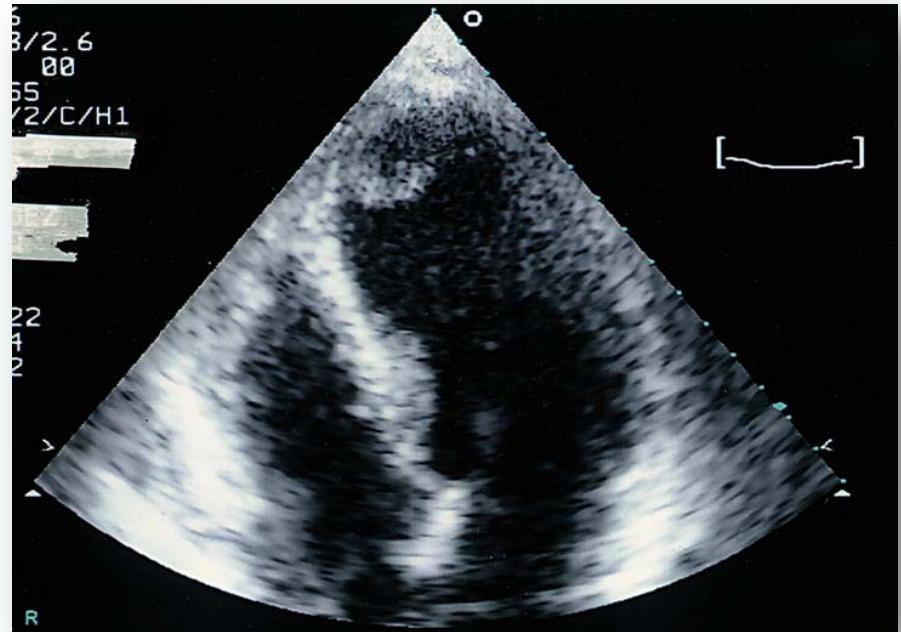


EVOLUCION

- Tratamiento :
 - AAS 100/d + Clopidogrel 75mg/d,
 - HBPM 60mg c/12hs
 - IECA
 - B-Bloqueantes
 - Hipolipemiantes
 - Protección gástrica
- Buena evolución clínica

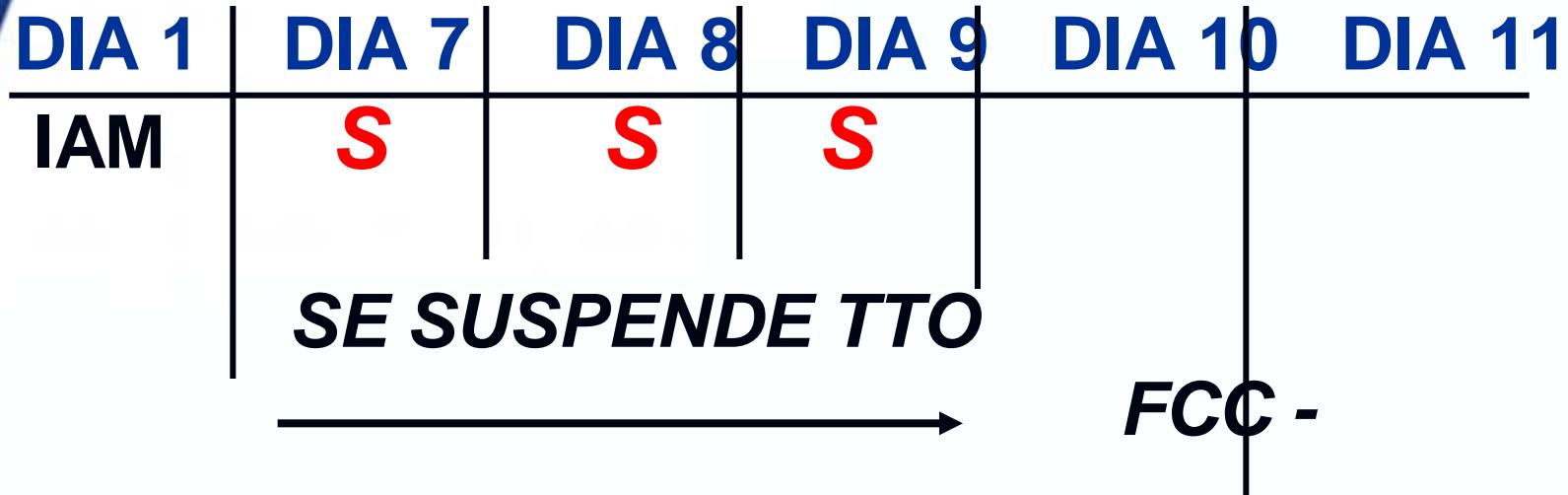
ECOCARDIOGRAMA

- HVI. Severa hipoquinesia lateral y apical con trombo sesil mural (10 x 24 mm) apical.
- FEVI 46%.



- DIA 4: Se agrega Warfarina 2.5 mg/d.

EVOLUCION (2)



- Episodios reiterados de enterorragia, con caída de la Hb en 4 g/dL.
- Sin repercusión hemodinámica ni transfusión sanguínea.

SCORES DE SANGRADO

Table 2 Major bleeding definitions in clinical trials

Study or author, year	Reference	Definition of major bleeding
(a) Acute coronary syndrome (ACS) trials		
TIMI, 1987	41	Fatal, intra-cranial, bleeding associated with a decrease in Hb of at least 5 g/dL, transfusions are factored in 1 unit=1 g/dL Hb, and cardiac tamponade
GUSTO, 1993	42	Intra-cerebral, bleeding associated with blood transfusion, or bleeding resulting in haemodynamic compromise requiring treatment
ASSENT-3, 2001	43	Bleeding associated with blood transfusion and bleeding resulting in haemodynamic compromise
CURE, 2001	44	Major bleeding was subclassified as life threatening if it was fatal, resulted in a drop in haemoglobin concentration of at least 5 g/dL, caused significant hypotension requiring intra-venous inotropes or surgical intervention, resulted in symptomatic intra-cranial haemorrhage, or if four or more units of blood were transfused
ACUITY, 2004	45	Intracranial or intra-ocular, drop in Hb of at least 4 g/dL without an overt source of bleeding, or of at least 3 g/dL with an overt source of bleeding. Bleeding associated with blood transfusion. Haematoma ≥ 5 cm in diameter, bleeding requiring re-operation, or access site haemorrhage requiring intervention
OASIS-5, 2006	46	Clinically overt bleeding that is fatal. Symptomatic intra-cranial, retroperitoneal, or intra-ocular. Overt bleeding with a drop in haemoglobin of at least 3 g/dL. Overt bleeding associated with transfusion of 2 units of red blood cells
PLATO, 2009	47	Fatal bleeding, intra-cranial bleeding, intra-peri-cardial bleeding with cardiac tamponade, hypovolemic shock or severe hypotension due to bleeding, bleeding requiring pressors or surgery, bleeding associated with a drop in haemoglobin of at least 5 g/dL or more, or associated with transfusion of 4 units of blood; or bleeding either associated with a drop in haemoglobin of 3–5 g/dL, bleeding associated with transfusion of 2–3 units of red cells. Intraocular bleeding with permanent vision loss

EVOLUCION (3)

- Luego de 72 hs de suspendido tto no reitera sangrados.
- FCC: Divertículos de sigmoides, sin evidencia de sangrado activo.
- Día 11- AAS 100mg/d y Clopidogrel 75mg/d

DIA 1 DIA 7 DIA 8 DIA 9 DIA 10
IAM S S S

SE SUSPENDE TTO

FCC -

**SE REINICIA
TTO: DAPT**

EVOLUCION (4)

DIA 1 DIA 7 DIA 8 DIA 9 DIA 10 DIA 11
IAM S S S

SE SUSPENDE TTO

FCC - *SE REINICIA ECO*
TTO: DAPT

¿DIA 12?

- ECOCARDIOGRAMA: persiste trombo apical.

EVOLUCION (5)

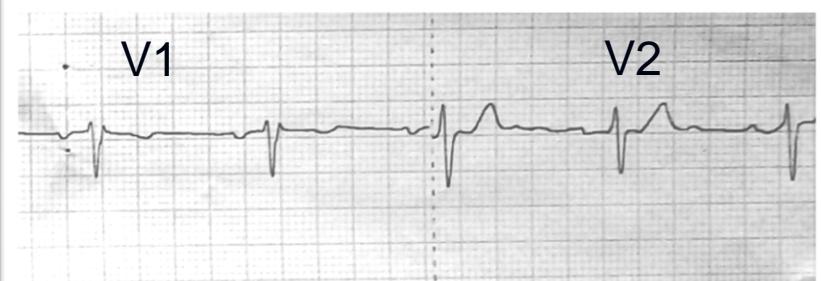
■ DIA 14 POST IAM

- Episodios de angor de reposo de breve duración con ECG sin cambios con respecto a anteriores.
- Se inicia NTG i/v.

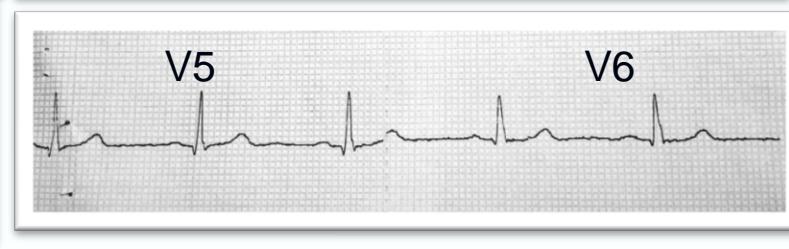
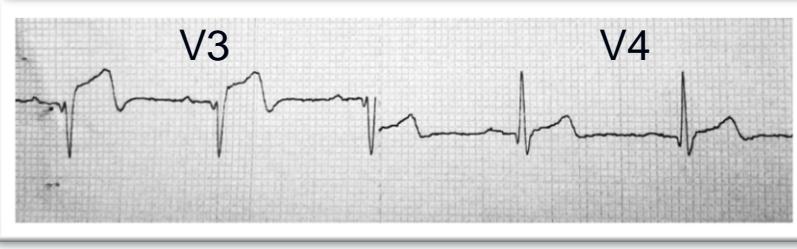
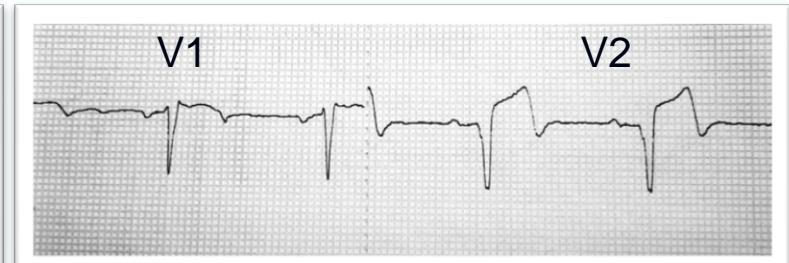
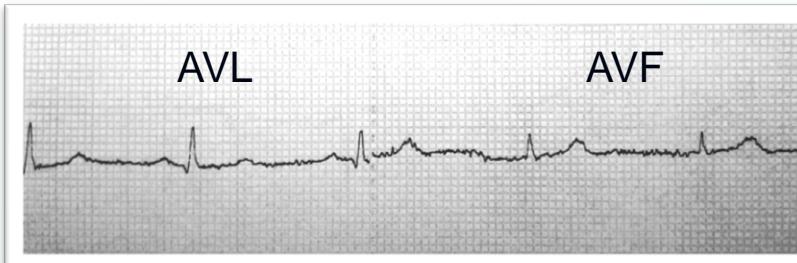
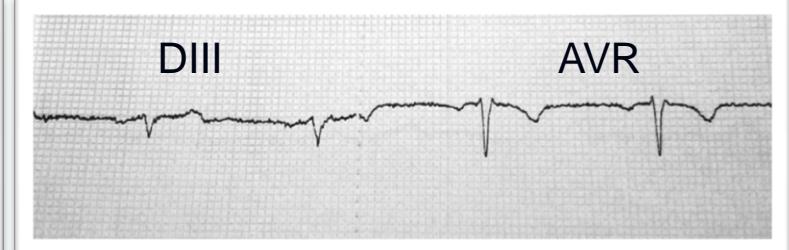
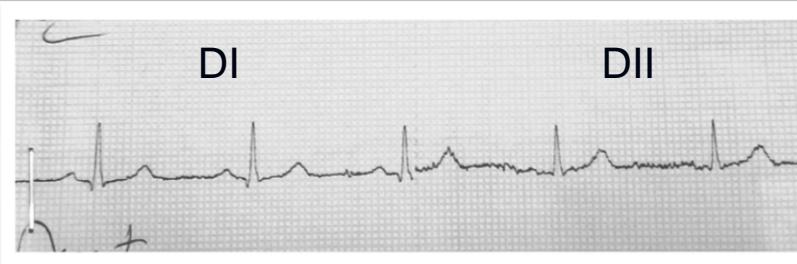
■ DIA 15

- Nuevo episodio de *angor de reposo prolongado, con SNV.*
- ECG:

ECG (2)

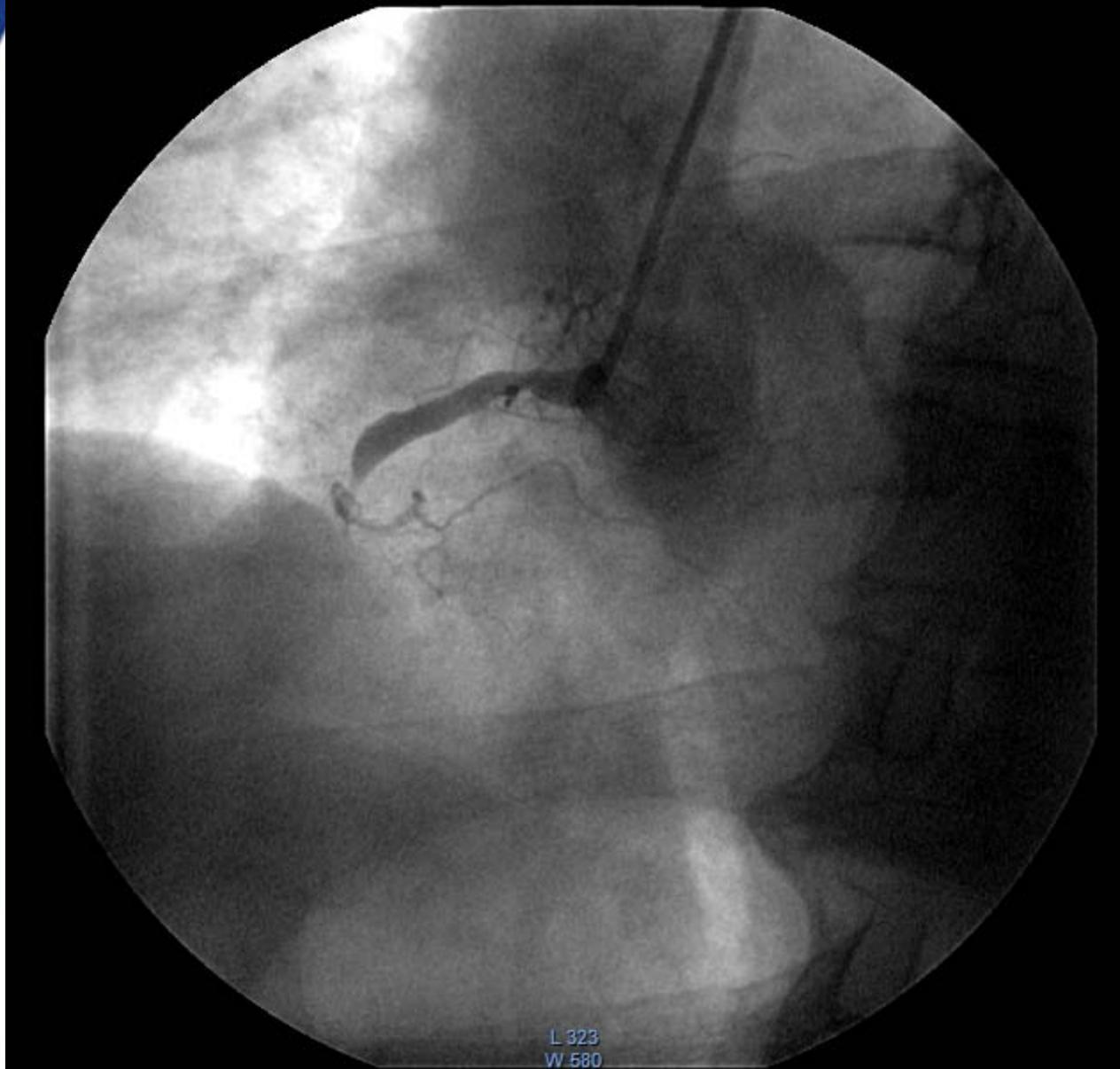


ECG (1)

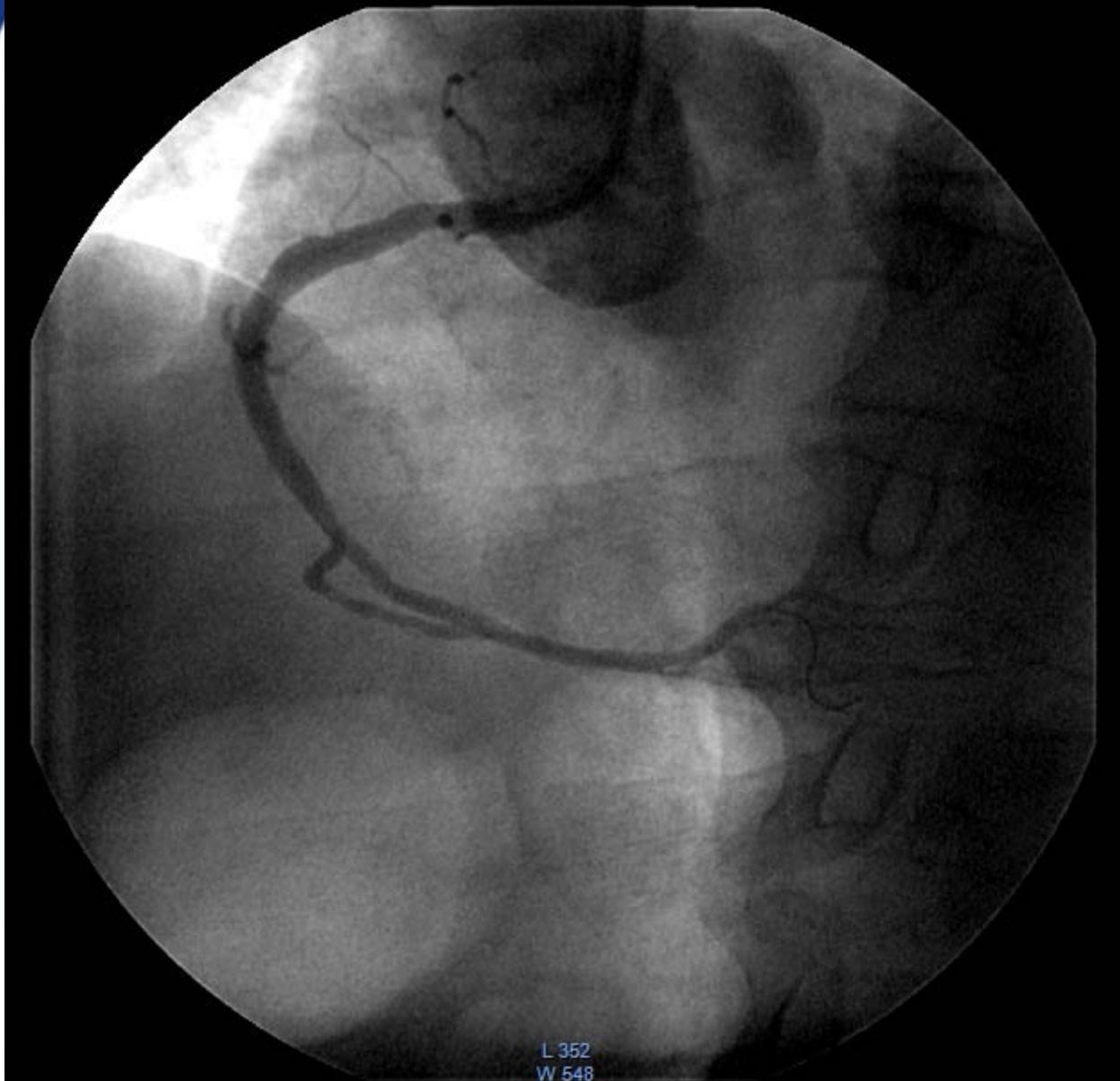




L 97
W 150



L 323
W 580



L 352
W 548

EVOLUCION (5)

- Tratamiento: AAS + Clopidogrel, HBPM, IECA, BB, Hipolipemiantes y protección gástrica.
- Buena evolución clínica.
- No reitero sangrados, estable a nivel CV.