

Case report – regarding the 2018 European Heart Rhythm Association Practical Guide on the use of non-vitamin K antagonist oral anticoagulants in patients with atrial fibrillation

Obradovic S^{1,2}, Dzudovic B¹, Djuric I¹

¹Clinic for Cardiology and Emergency Internal Medicine, Military Medical Academy, Belgrade,

²School of Medicine, University of Defense, Belgrade

A female 82-year old patient is presented with permanent atrial fibrillation on vitamin K antagonist, who developed traumatic subdural hematoma, which was treated with surgically drainage and who developed pulmonary embolism as a complication. Oral anticoagulant therapy was interrupted after intervention and did not returned, and as a consequence she developed pulmonary embolism (PE), after two months. At admission to our hospital she was decompensated, with high heart rate and relatively small thrombus burden in the pulmonary tree.

Since her CHA₂DS₂-VASc score was 4 and she had acute PE, she had two indications for oral anticoagulant therapy. On the other side, patient had 82 years, recent subdural hematoma, creatinine clearance 32 ml/min and low body mass index 17 kg/m². Treatment of PE was started with unfractionated heparin and continue with enoxaparin 40 mg sc twice daily. After seven days oral anticoagulation with apixaban 5 mg BID was applied as a drug with the best balance between thrombosis prevention and bleeding.

Conclusion. Complex clinical scenarios in patients with AF and PE are very often presented in the real-world praxis. The guidelines for the use of anticoagulant therapy in those patients are the base for the decision of the choice, dose and duration of anticoagulant therapy adjusted to patient characteristics.

Key words: atrial fibrillation, anticoagulant therapy, guidelines, pulmonary embolism.