

Cardiac failure Through thick and thin...

12th June 2018
Jim Newton

Case 1

- 78 year old male
- Followed with aortic stenosis for 3 years
- Referred for AVR and LIMA
- Surgery performed – 25mm Perimount biological valve
- AF post op resistant to cardioversion
- Discharged well on day 7
- Warfarin, Bisoprolol, Ramipril, Simvastatin



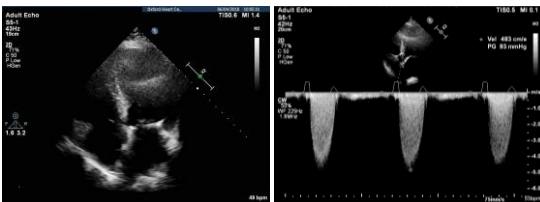
Discharge echo



12 week follow up

- Doing well
- Back gardening
- Nosebleed needing ENT input
- Remains in AF
- 1 year follow up planned

6 months later



Clinical status

- Admitted in pulmonary oedema
- Needed intensive IV therapy to resolve
- Breathless around room
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- Hb 14
- Back in sinus rhythm

What would you do next?

1. Refer for re-do surgery
2. Valve in valve TAVI
3. TOE
4. CT
5. Other

More history

- Well until 3 months ago
- Gradual increase in dyspnoea
- 'Did anything change at around 4 months ago?'
- 'No'

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- Gradual increase in dyspnoea
- 'Did anything change at around 4 months ago?'
- 'No'
- Well – actually I did have more nose bleeds...

More history

- GP stopped warfarin
- Replaced with Apixaban
- No more nose bleeds
- Around 6 weeks before symptoms started

TOE

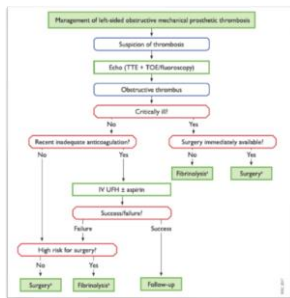


TOE



What do you do now?

1. Urgent surgery
2. Intravenous Heparin
3. Lysis
4. Something else



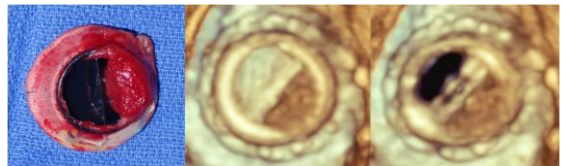
Issue with guidelines

- We have surgery immediately available
- But surgeon not keen to operate acutely...

Outcome

- Lysis with TPA
- Immediate physiological response
- Off NiV within 2 hours
- Back to normal next morning...

Massive prosthetic valve thrombus



Take home messages

- DOACs may be insufficient 'thinning' for Bioprosthetic valves
- 'Thick' blood across a mechanical mitral valve can be life threatening