

Medical Expertise

"Development of the European Network in Orphan Cardiovascular Diseases"
„Rozszerzenie Europejskiej Sieci Współpracy ds Sierocych Chorób Kardiologicznych”

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The patient was diagnosed with idiopathic pulmonary arterial hypertension in 2010 and from that time treated with iloprost and sildenafil. In July 2013, she deteriorated due to the first episode of atrial flutter. Transesophageal echocardiography revealed the presence of thrombus in the right atrium. Due to the non-therapeutic INR values electrical cardioversion was abandoned, and the patient received enoxaparine. RF ablation was planned after dissolution of thrombus. From that time she was treated with low molecular weight heparin in therapeutic dose. In subsequent transesophageal studies some regression but not resolution of the thrombus was seen.

The patient still has high NTproBNP values, despite return to the NYHA functional class II after controlling ventricular rate. Due to the presence of thrombus in the right atrium ablation performance is not advisable at this time. Patients with idiopathic pulmonary arterial hypertension are characterized by a resistance to the action of fibrinolytic mechanisms. I suggest that you consider the use of parenteral prostacyclin, which anticoagulant activity may promote dissolution of thrombus. Moreover, it can help to achieve targets in the treatment of pulmonary hypertension, such as 6MWD > 440 m, normalization of BNP. There can be some

problem with the acceptance of parenteral drug by the patients who feels quite good now (functional class II). Explanation of the exact nature of the problem is needed.

References:

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