

中文題目：使用新型口服抗凝血劑治療血栓同時仍具有高中風風險

英文題目：Under Novel oral anticoagulants (NOACs) treatment, still with high acute stroke risk in patient with Atrial fibrillation and rapid resolution of left atrium thrombus

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Introduction

Novel oral anticoagulants (NOACs) have more rapid onset and offset of action than warfarin, and more predictable dosing requirements, is now recommended for most Atrial fibrillation (Af) patients. Herein, we reported a patient with Atrial fibrillation and with improving Left atrium (LA) thrombus size, still encountered acute stroke under treatment of NOACs.

Case Report

A 79-year-old man with a history of:

- .Right upper lung cancer adenocarcinoma
- .Atrial flutter-fibrillation, CHA2DS2VASc:2

Initially bilateral lung tumor was accidentally noted by chest X-ray, and operation for staging was arranged. However, computed tomography of the chest for pre-operative survey revealed a thrombus in the left atrium (2.95cm*2.74cm).

He was admitted to our CCU (Coronary Care Unit) for heparinization therapy(for 5 days). We shifted heparin continuous infusion to edoxaban (60mg once per day) for further LA thrombus treatment and atrial fibrillation related stroke prevention. The patient took edoxaban with tolerance.

He was transferred to cardiology ward where followed cardiac echo revealed
1.Decreasing Left atrium(LA) thrombus size (2.58x2.44cm). 2.Normal LV systolic function (LVEF: 66.63%). He was discharged under relatively stable condition.

However, a falling episode at home after one week and he was admitted to neurology intensive care unit due to acute ischemic stroke at right MCA (middle cerebral artery) territory, highly suspected cardioembolic stroke. Followed computed tomography of the chest reported nearly total resolution of thrombus with residual thrombus in the left atrium; no pulmonary embolism was noted. His hospital course was complicated with impending respiratory failure, focus on acute stroke and pneumonia related. He died after two weeks of treatment.

Discussion

The use of Novel oral anticoagulants (NOACs) may reduce the risk of embolic events and demonstrate rapid reduction in size/full resolution of a Left atrium (LA) thrombus. However, not every single case of thromboembolism can be successfully treated by NOAC. Even with rapid reduction of thrombus, high stroke risk should still be considered.