

Intrakranijalno krvarenje u bolesnika na antikoagulantnoj terapiji – retrospektivna kohortna studija

Intracranial hemorrhage in warfarinized patients – a retrospective matched patient cohort study

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UVOD: Intrakranijalno krvarenje je najteža komplikacija kronične antikoagulantne terapije, a broj takvih slučajeva sve je veći zbog starenja populacije. Ishodi liječenja takvih komplikacija su loši i često završavaju smrću i neurološkim ispadima. Cilj: Ispitati povezanost kronične antikoagulantne terapije s unutarbolničkim mortalitetom kod bolesnika s intrakranijalnim krvarenjem koje su zadobili lakšom ozljedom glave.

PACIJENTI I METODE: Pregledane su povijesti bolesti bolesnika hospitaliziranih u Klinici za neurokirurgiju Kliničkog bolničkog centra Zagreb radi intrakranijalnog krvarenja od siječnja 2013. do lipnja 2014. godine. Petnaest bolesnika s lakšom ozljedom glave ili bez podatka o traumi glave prije krvarenja su u terapiji imali varfarin. Kontrolnu skupinu su činili bolesnici bez antikoagulantne terapije prije krvarenja, a koji su podudarni s varfarinskom skupinom u dobi, spolu i komorbiditetima.

REZULTATI: Varfarinsku skupinu je činilo 15 bolesnika (9 muškaraca) prosječne dobi od 76,6 godina. Šest bolesnika je zaprimljeno u jedinicu intenzivnog liječenja (JIL), a 9 na otvoreni odjel Klinike. Prosječni INR bio je 2,57±1,12. Kod 4 bolesnika dijagnosticiran je kronični subduralni hematoma (KSH), kod 10 akutni subduralni hematoma (ASH), a kod jednog traumatsko subarahnoidalno krvarenje (TSAK). Šest bolesnika je umrlo (42%). Dva bolesnika sa ASH i dva bolesnika s KSH nisu imali anamnestički podatak o traumi. Kontrolna skupina sastavljena je od 22 bolesnika (13 muškaraca) prosječne dobi od 80,13 godina i prosječnog INR-a 1,00±0,06. Kod 7 bolesnika dijagnosticirano je TSAK, a kod 15 bolesnika ASH. Niti jedan bolesnik nije zahtijevao premještanje u JIL, a niti jedan bolesnik iz kontrolne skupine nije umro.

ZAKLJUČAK: Rezultati ove studije pokazuju pozitivnu korelaciju kronične antikoagulantne terapije i povećanog mortaliteta kod bolesnika s lakšim ozljedama glave. Naši rezultati podudarni su s rezultatima metaanalize koju su objavili Batchelor i sur. 2012. godine.

INTRODUCTION: Intracranial hemorrhage is the most feared complication of chronic anticoagulant therapy. Number of such cases is increasing with the aging population. Outcomes are frequently catastrophic, often resulting in death or severe neurologic disability. Objective: To evaluate the correlation between chronic anticoagulant therapy and in-hospital mortality of patients with intracranial hemorrhage caused by minor head trauma (MHT).

PATIENTS AND METHODS: Medical records of all patients admitted to the Department of Neurosurgery in University Hospital Centre Zagreb with intracranial hemorrhage between January 2013 and June 2014 were analyzed. Fifteen patients with MHT or no trauma in their history prior to hemorrhage were on warfarin therapy. A control group was comprised with patients without anticoagulant therapy matched by age, gender and comorbidities. In-hospital mortality between groups was compared.

RESULTS: Warfarin group consisted of 15 patients (9 men) with mean age of 76.6. Six patients were admitted to intensive care unit and nine patients were admitted to open ward. Mean INR was 2.57±1.12. Four patients were diagnosed with chronic subdural hematoma, ten with acute subdural hematoma and one with subarachnoid hemorrhage. Six patients died (42%). Two patients with acute subdural hematoma and two with chronic subdural hematoma had no data of trauma. Control group was comprised of 22 patients (13 men) with mean age 80.13±4.7 and mean INR 1.00±0.06. Seven patients were diagnosed with traumatic subarachnoid hemorrhage and 15 with acute subdural hematoma. None of the patients needed intensive care and none of the patients in the control group died.

CONCLUSION: Results of this observational study have showed positive correlation of warfarin usage and increased mortality among patients who sustained MHT. These results are in concordance with the results of meta-analysis performed by Batchelor et al in 2012.

LITERATURE

1. Batchelor JS, Grayson A. A meta-analysis to determine the effect of preinjury antiplatelet agents on mortality in patients with blunt head trauma. *Br J Neurosurg.* 2013;27(1):12-8.

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