

Otapanje tromba u aurikuli lijevog atrija dabigatranom nakon neuspjelog liječenja rivaroksabanom

Resolution of left atrial appendage thrombus with dabigatran after unsuccessful therapy with rivaroxaban

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Uvod: Tromb u aurikuli lijevog atrija (LAA) važan je uzrok cerebralnih tromboembolijskih incidenata. Prevalenciju i liječenje tromba u LAA s novim oralnim antikoagulantima (NOAK) i dalje ostaje za razjasniti. NOAK-i su superiorniji od varfarina u prevenciji moždanog udara ili sistemske embolije, uzrokuju manje krvarenja i rezultiraju nižom smrtnošću u bolesnika s atrijskom fibrilacijom. U literaturi nema previše izvješća o otapanju tromba u LAA primjenom NOAK-a.^{1,2} Zlatni standard za dijagnozu tromba u LAA je transezofagealna ehokardiografija (TEE). U bolesnika s dijagnozom tromba u LAA, optimalna duljina terapije je nejasna.

Prikaz slučaja: Predstavljamo 59-godišnjeg muškarca s perzistentnom fibrilacijom atrija i trombom u LAA. Početno liječenje je bilo s rivaroksabanom 1x20 mg tijekom 30 dana. Unatoč činjenici da je bio na rivaroksabanu 30 dana prije, odlučili smo se učiniti TEE, kojom smo pronašli formirani mali tromb (12x10 mm) u LAA. Trideset dana liječenja dabigatranom pokazalo je potpuno otapanje tromba te se potom učini uspješna kardioverzija sa 120 J bez znakova kardijalnih embolizama i bolesnik otpusti u dobrom stanju pod antikoagulantnom terapijom dabigatranom 2x150 mg.

Zaključak: U ovom slučaju odabrali smo dabigatran nakon rivaroksabana. Prema našem saznanju, ovo je prvi dokumentirani slučaj otapanja tromba u LAA na terapiji dabigatranom nakon neuspješnog liječenja rivaroksabanom 20 mg jednom dnevno. Stoga bi se dabigatran mogao razmotriti u smislu važne uloge u strategiji kontrole ritma u sličnim slučajevima, što zahtijeva daljnja ispitivanja na većoj populaciji.

Introduction: Thrombus in left atrial appendage (LAA) is an important cause of cerebral thromboembolism. The prevalence and management of LAA thrombi associated with novel oral anticoagulants (NOAC) remain to be clarified. NOACs are superior to warfarin in preventing stroke or systemic embolism, causes less bleeding and results in lower mortality in patient with atrial fibrillation. In literature, there aren't too many reports of resolution of LAA thrombus with NOACs.^{1,2} The gold standard for the diagnosis of LAA thrombi remains transeophageal echocardiography (TEE). In patients diagnosed with LAA thrombi, the optimal duration of therapy is uncertain.

Case report: We present a 59-year-old male patient with persistent atrial fibrillation associated with left atrial thrombus. Initial treatment was with rivaroxaban 20 mg once a day for thirty days. Despite the fact that he was on rivaroxaban thirty days before, we decided to perform TEE, which revealed the formation of a small thrombus (12x10 mm) in the LAA. Thirty days of dabigatran treatment showed complete thrombus resolution. Finally, cardioversion with 120 J was performed successfully without signs of cardiac embolism and the patient was discharged in good medical condition under continued anticoagulant treatment with dabigatran 150 mg twice a day.

Conclusion: In this case, we selected dabigatran after rivaroxaban. To our knowledge, this is the first documented case of LAA thrombus resolution under dabigatran therapy after unsuccessful rivaroxaban 20 mg once a day therapy. Therefore, dabigatran could be considered to have an important role in rhythm control strategies in similar cases. It requires further investigation in a larger population.

LITERATURE

1. Kirchhof P, Benussi S, Kotecha D, Ahlsson A, Atar D, Casadei B, et al. 2016 ESC guidelines for the management of atrial fibrillation developed in collaboration with EACTS. *Europace.* 2016 Nov;18(11):1609-1678. <https://doi.org/10.1093/europace/euw295>
2. Whiteside H, Brown K, Nagbandi A, Ratanapo S, Sharma G. Impact of anticoagulation on resolution of left atrial appendage thrombi. *J Am Coll Cardiol.* March 10, 2018;71(11 Suppl):A297. [https://doi.org/10.1016/S0735-1097\(18\)30838-6](https://doi.org/10.1016/S0735-1097(18)30838-6)