

TITLE: Coronary Angioplasty for treatment of Coronary Artery disease in mild PWH

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Objectives:

- 1) To assess safety of Coronary Angioplasty in Mild PWH
- 2) To assess safety of anti platelet antibodies and long term Anti Platelet Drugs post Coronary Angioplasty in PWH

Methods:

- 1) Period : 2005 - 2015
- 2) Total Number of Patients - 9
Hemophilia A - 4 (Factor Level: 11 -18 u/dl)
Hemophilia B - 5 (Factor Level: 13- 20 u/dl)
- 3) Additional Risk factors for CAD : Smoking – 3, HT – 2, HT + DM - 1
- 4) Age : 32 -73 years
- 5) Access Atrery : Femoral - 6 , Radial - 3
- 6) Type of Angioplasty : PAMI - 3 , Elective - 6 (LAD – 7, RCD – 2)

Results:

All patients received loading dose of with Aspirin and Cloidegrol. Medtronix EBU/JR catheters used as per the site of lesion. Drug eluting stents from Boston Scientific were used. Patients who underwent PAMI additionally received Tirofiban (anti Iib/IIIa antibody). No CFC was given prior to the procedure as all patients had baseline level more than 10 u/dl. 250 units CFC was infused just prior to sheath removal. No patient had site hematoma or excess bleeding. Complete normalisation of ECG occurred in all patients with PAMI. All patients received Clopidogrol + Aspirin for one year and then Aspirin alone at 75 mg once daily . No bleeding episodes documented on anti platelet drugs on long term use. All patients have completed minimum 1 year follow up from procedure. Longest follow up being 10 years

Conclusions:

- 1) Coronary angiography / Angioplasty can safely be done on Mild PWH.
- 2) Anti Iib/IIIa antibody can safely be used in Mild PWH.
- 3) Long term use of Anti platelet drugs is safe in Mild PWH
- 4) Mild PWH presenting with Acute Coronary Artery event warrants aggressive treatment
- 5) No changes in cardiac management needed in Mild PWH

References:

NIL

Text

