

Eptifibatide induced acute thrombocytopenia. Case report of 80- years old man with acute coronary syndrome

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ABSTRACT

Introduction: Glycoprotein (Gp) IIb/IIIa is a platelet receptor participating in platelet aggregation. According to ESC guidelines, glycoprotein IIb/IIIa inhibitors might be considered during percutaneous coronary interventions in patients with the acute coronary syndrome.

Purpose: A case study of profound thrombocytopenia in 80-year-old man with the acute coronary syndrome.

Case presentation: An 80-year-old, medication-naive man with acute coronary syndrome was admitted to the Department of Invasive Cardiology. Due to the unsuccessful invasive strategy, an intracoronary bolus of Gp IIb/IIIa inhibitor – eptifibatide - was administered. During the following intravenous infusion, large subcutaneous hematomas were observed. Eptifibatide infusion was discontinued. Drop in platelet count to 1 thou/ μ L without significant anemia was registered. A control sample in sodium citrate showed similarly low platelet count - 2 thou/uL. Acetylsalicylic acid and clopidogrel were discontinued, steroids were

introduced. Neither PLT nor FFP transfusion were necessary. Consecutive lab tests showed the gradual increase of PLT up to 35 thou/ μ L at discharge. A week later, the patient did not complain of any cardiovascular or bleeding symptoms; hematomas resented significant involution. Laboratory findings were normal. During follow-up visit 30 days after the discharge, the patient presented no cardiovascular symptoms.

Conclusions: There are patients at risk of drug-induced thrombocytopenia, especially those with impaired kidney function and the elderly. In such cases, decisions concerning anti-platelet and anti-thrombotic therapy should be taken cautiously. Because of its rare occurrence, every case of severe thrombocytopenia in ACS patients should be reported. Moreover, such patients should be followed-up to minimize risk of similar adverse events in the future.

Keywords: Thrombocytopenia, glycoprotein IIb/IIIa inhibitors, acute coronary syndrome
