Use of hemodialysis for dabigatran clearance in a patient requiring urgent surgery. A case report



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Background

If a patient on dabigatran treatment needs an urgent surgery, hemodialysis has been shown to be a useful tool to decrease dabigatran plasma levels due to his low plasma protein binding.

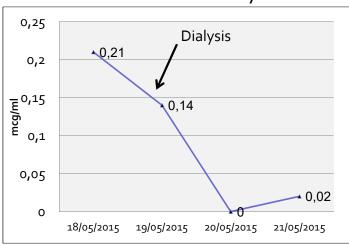
Case report

A 71-year-old male patient, with non-valvular atrial fibrillation anticoagulated with dabigatran 110mg/12h, chronic kidney disease stage III and multivessel coronary artery disease waiting for coronary artery bypass grafting (CABG) suffered a sudden cardiac arrest.

From admission, continuous elongated times on clotting assays TT and aPTT was detected along 7 days. We performed diluted thrombin time (Hemoclot assay®) (Graph1) the seventh day and detected dabigatran plasma levels.

As CAGB couldn't be delayed we performed an extended intermittent hemodialysis for 8 hours with improvement in Hemoclot® assay values (Graph1). A slight rebound in dabigatran's concentration was observed the next day

Hemoclot assay®



Graph 1- Elongated diluted thrombin time (Hemoclot®)

probably due to his 60-70 liters of volume of distribution but surgery was performed without bleeding complications and the patient could be discharged ten days later.

Discusion

The reason of persistently increased plasma levels of dabigatran in our patient was his exacerbated chronic renal failure with GFR < 30 ml/min. PCC or FVIIa were discarded by the increased thrombotic risk in a patient with recent ischemia and Idarucizumab was not available.

Learning points

Dialysis due to dabigatran's pharmacokinetic profile with low plasma protein binding is a good therapeutic option, wich enables clearing plasma dabigatran concentration and improve patient's hemostasis when urgent surgery is required.

References

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