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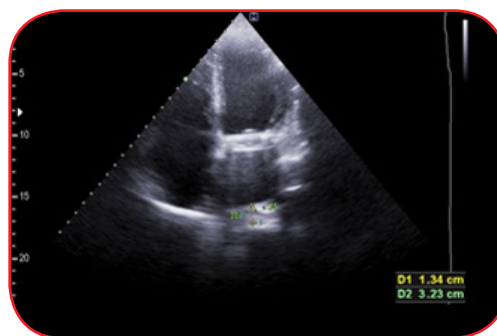


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Prosthetic mitral valve without anticoagulation for ten years: A case report

A 92 years old man visited the cardiology clinic with dyspnea on exertion of functional class III. On medical history he had history of mitral valve replacement 10 years before at a tertiary center. He had been on Warfarin for 6 months after surgery, but he did not continue follow up and discontinued taking Warfarin after that period as he was living in a far village without possibility of checking INR (International Normalized Ratio) and adjusting his medication. On P/E there was the metallic sound of prosthesis present and a soft systolic and diastolic murmur at the apex. As he was not on anticoagulation for years he was admitted for anticoagulation and performing trans-thoracic echocardiography. On admission he had Hb level of 12 vg/dL with platelets of 100,000/ml and his INR was 1. On echocardiography, he had severe LV (Left Ventricular) systolic dysfunction, thrombosed lateral leaflet of prosthetic valve with reduced mobility, a fixed clot in left atrium and pulmonary artery pressure of around 35 mmHg. As he was admitted in a rural hospital, he was candidate of referral to tertiary center for trans-esophageal echocardiography and evaluation for surgery. The patient refused to transfer and follow up; He was put on intravenous anticoagulation for 5 days with Heparin and also Warfarin was started for him. He was discharged with an INR of 3 on Warfarin, Aspirin, Furosemide and Carvedilol and Losartan. He had good follow up for 2 months and his INR was within 2.7 and 3.2 and was symptom free. Unfortunately, he did not have follow up for 6 months and he was admitted with epistaxis and high INR and Hb level of 6 g/dL. The valve condition remained the same and after blood transfusion and INR control he was discharged symptom free. It has been 2 months that he has had good INR control and is symptom free.



Biography

Mohammad Mostafa Ansari-Ramandi has completed his post graduate medical studies in Cardiology at Iran University of Medical Sciences and MD in Cardiology at Qazvin University of Medical Sciences, Iran. As a Cardiologist he has contributed much in research fields and his main field of interest is heart failure and cardiovascular imaging. He is working as the Head of the CCU and PCCU wards of Syed Mostafa Khomeini Hospital in Tabas, Iran.

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