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## Non-invasive Cardiac Imaging, Nuclear Cardiology & Echocardiography

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## Antithrombitic treatment and tooth removal in teenage patient with HeartWare

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Twelve-year-old girl was admitted due to accidentally finding thrombus above aortic valve during control examination. Left Ventricular assistant devices Heart Ware was implanted for the patients three months earlier due to dilated cardiomyopathy. After this she was on Acenocumarol treatment (dosage is change based on currently, daily INR value). Patient since implantation had been undergoing systematically clinician control which includes echocardiography examination. During one of them a thrombus on aortic valve was detected. Physicians advised for immediate hospitalization of the patient; and fibrinolysis (Actylise and Heparin) was activated. Day by day echocardiography examinations founded thrombus degradation. We figured out that the possible reasons of valve vegetation may be bad oral cavity condition. Decision of sedation was made after consulting the dentistry. Before planning sedation day, the Acenocumarol was stopped and patient was on heparin. Tooth treatment had been performed with general anesthesia in operating theater. During those procedures, the extraction of 3 teeth was made; also 2 teeth were filled by composite and carious lesions were treated. After extraction, the bleeding occurred and due to LVAD patients antithrombotic therapy could not be stopped at all. Only available option was local pressure with tampons soaked with Exacyl (antifibrinolytic hemostatic used in severe hemorrhage). After oral cavity recovery and setting the Acenocumarol dose patient was sent home. Ten-day post discharge, patient had got control cardiology visit. There was no thrombus in the hearts valves since the oral cavity sedation had been performed.

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