

Clinical case

Management of long-term antithrombotic therapy

Giuseppe Tarantini, MD, PhD, FESC
Professor and Director of Interventional Cardiology
University of Padua
GISE president



Clinical History

ü **Male 71 years old**

ü **Risk factors:**

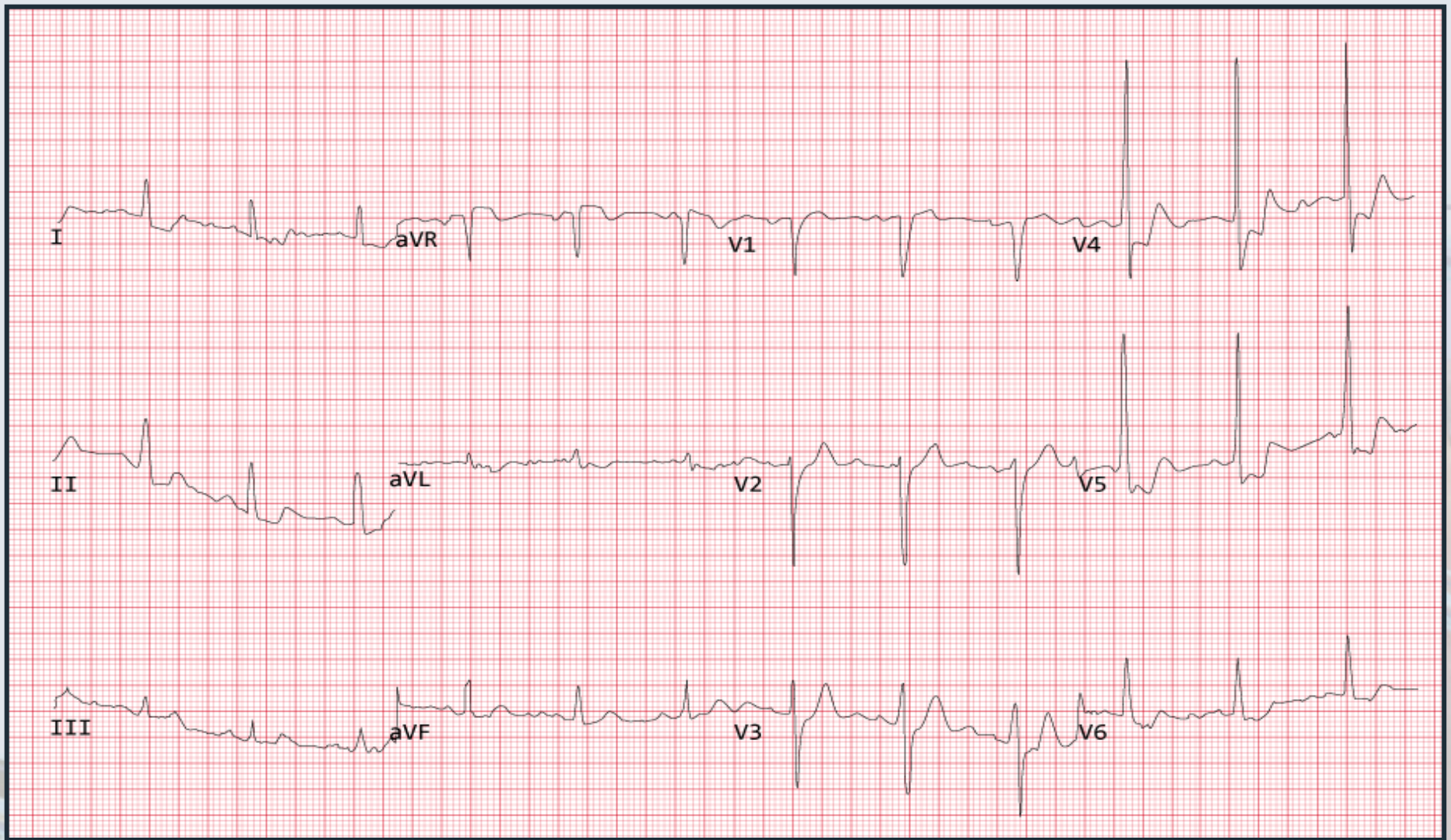
Ø **Hypertension**

Ø **Carotid Vasculopathy (left ICA >50%)**

Ø **COPD**

Ø **CKD (GFR 50 ml/min)**

Admitted because of NSTEMI ACS



2D-ECHO: EDV 70 ml/m², EF 57%, WMSI 3.5

TIMI Risk Score = 6

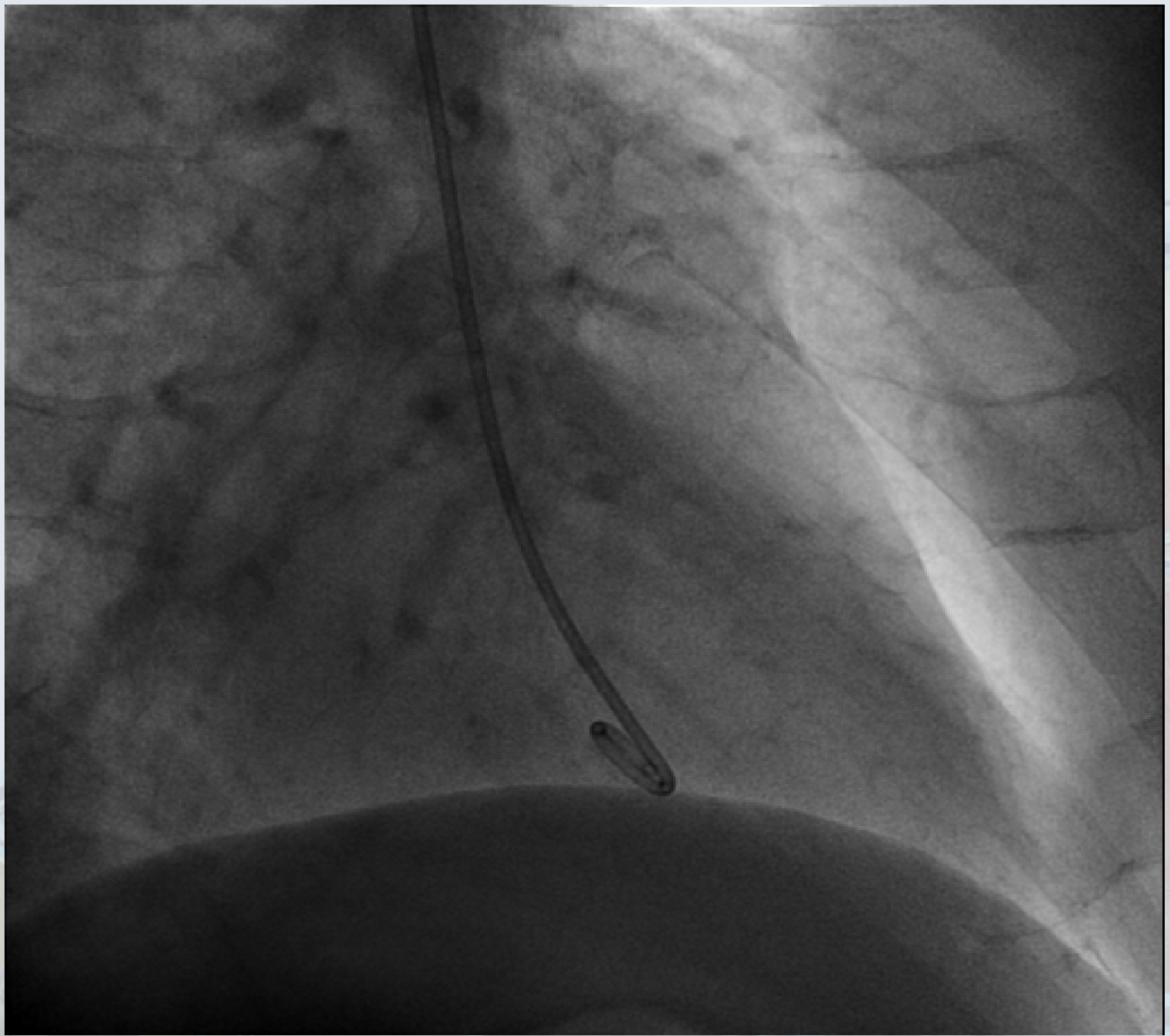
Death, MI or uTVR: 40% @ 14 days

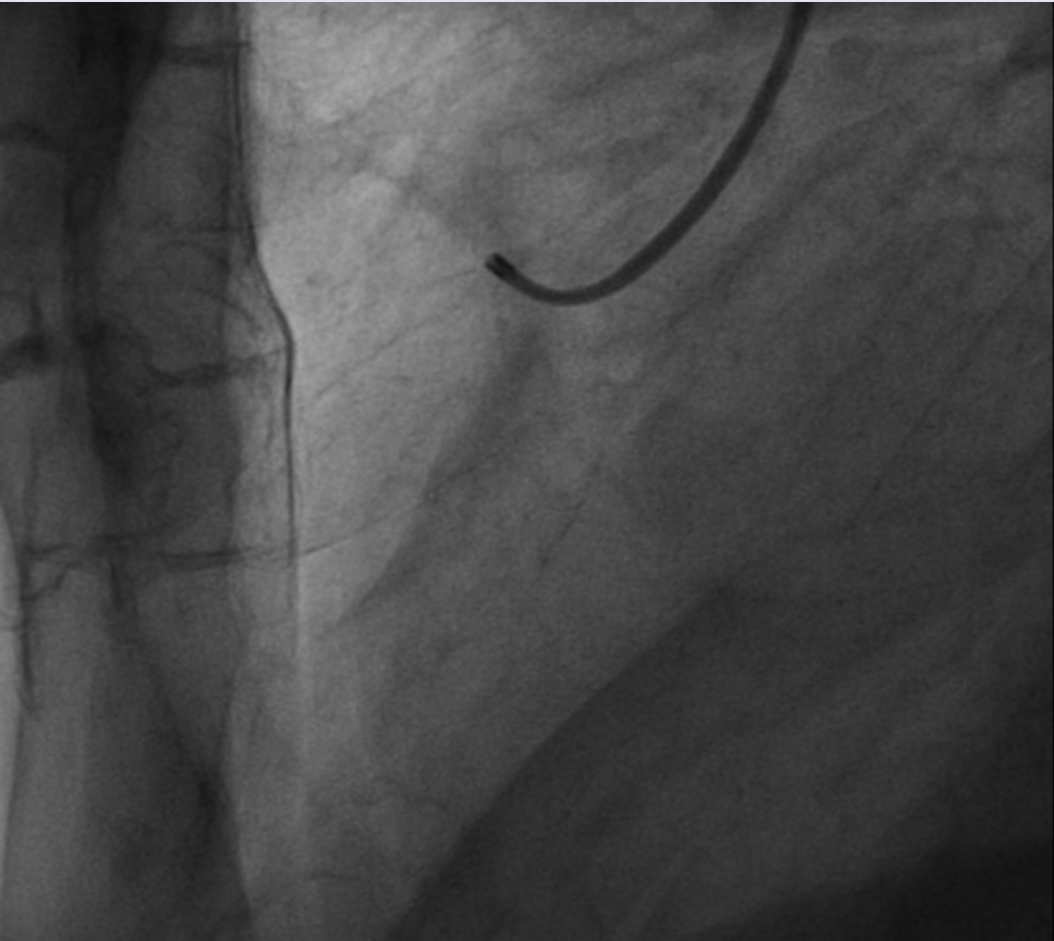
Grace Risk Score = 173

In-Hospital Death: 7.3 - 9.8%

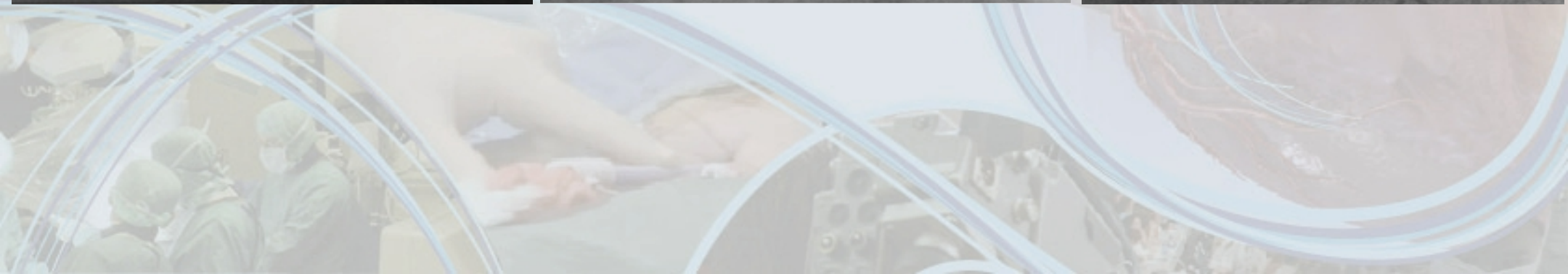
18 hrs to CATH-Lab

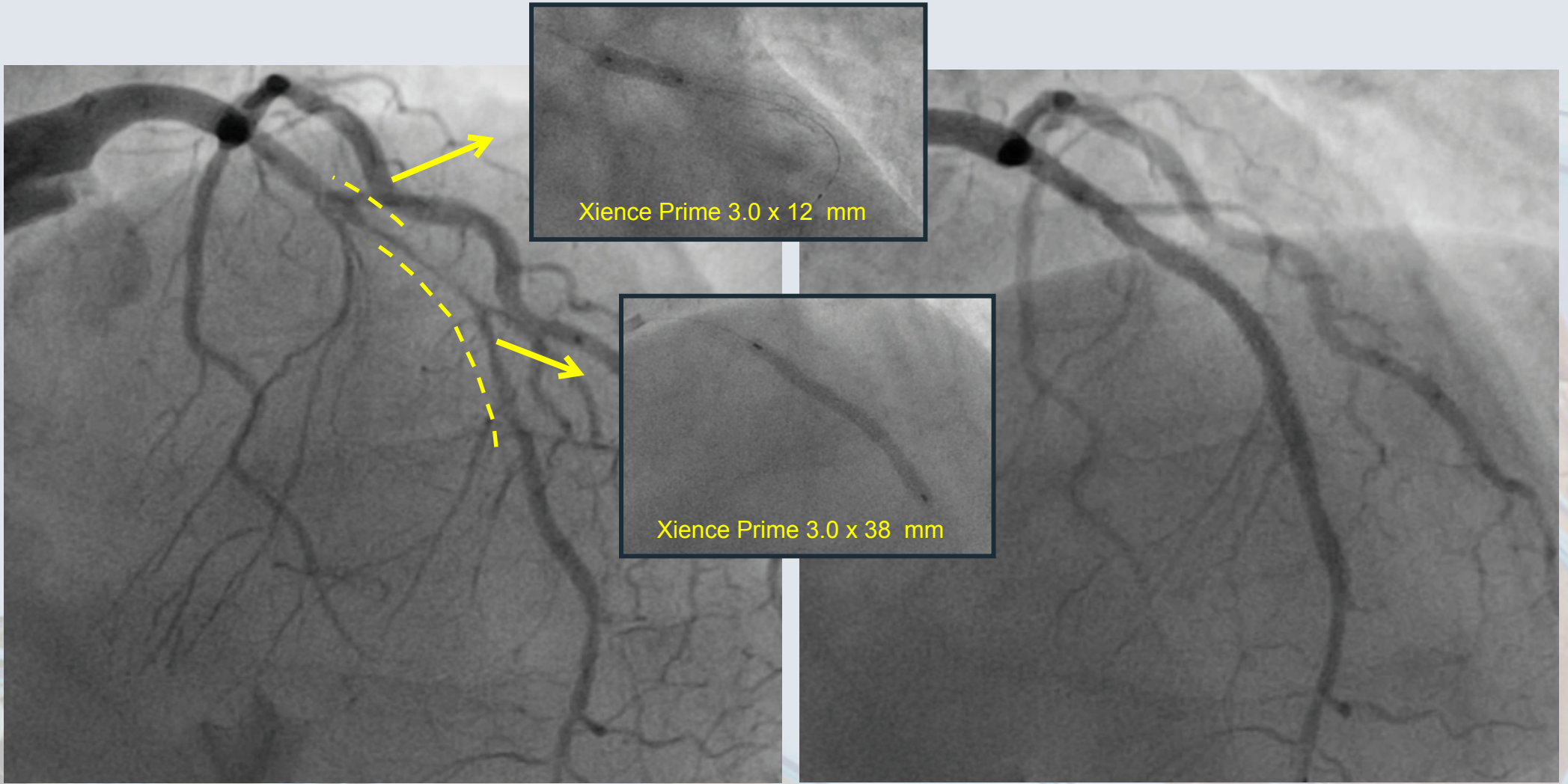
**q LMWH 4000 IU, Amlodipine 10 mg, Ramipril 5 mg,
Atorvastatin 80 mg, Pantoprazole 40 mg**

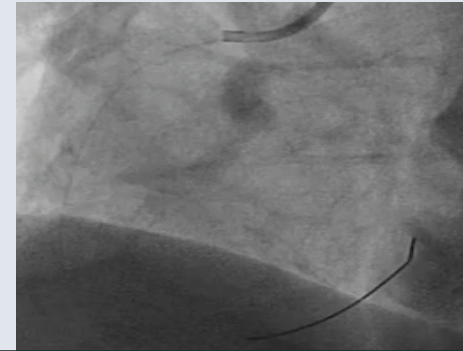
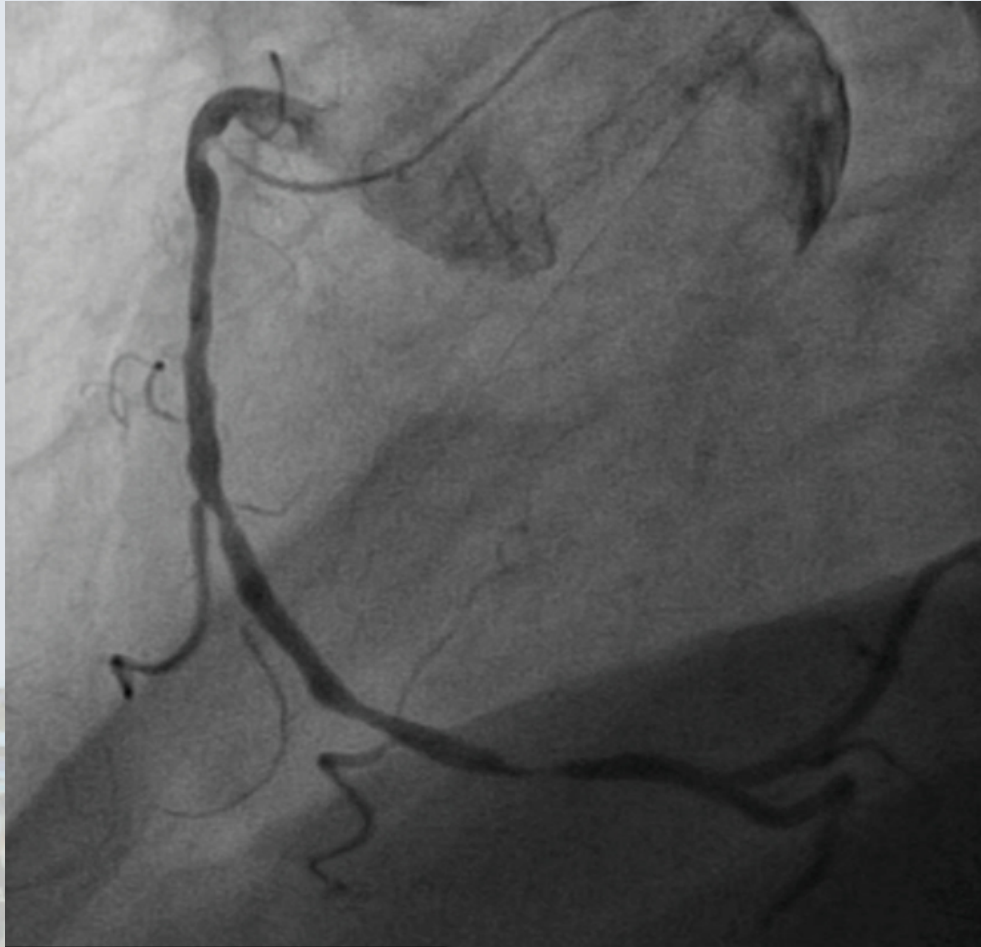






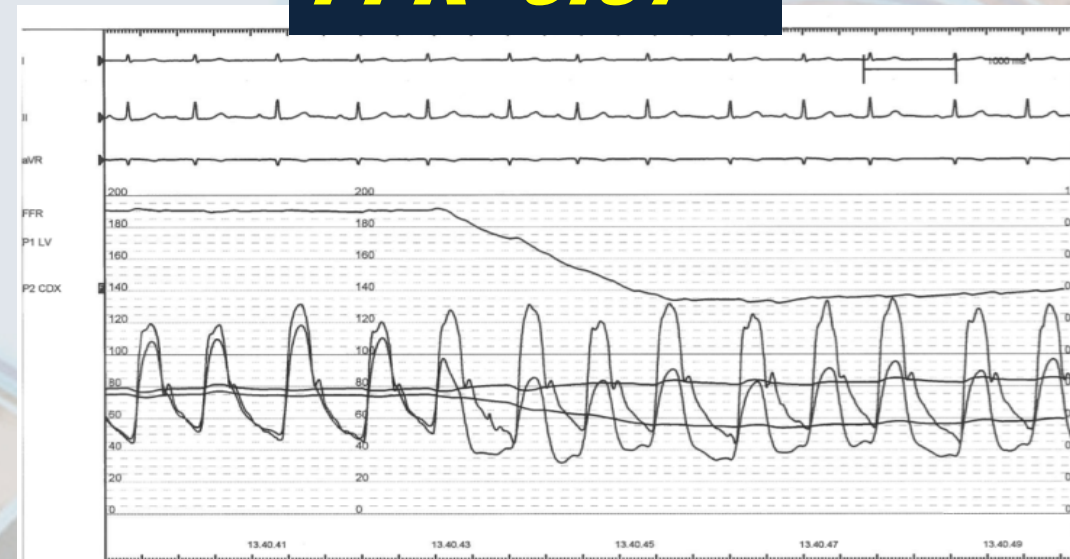


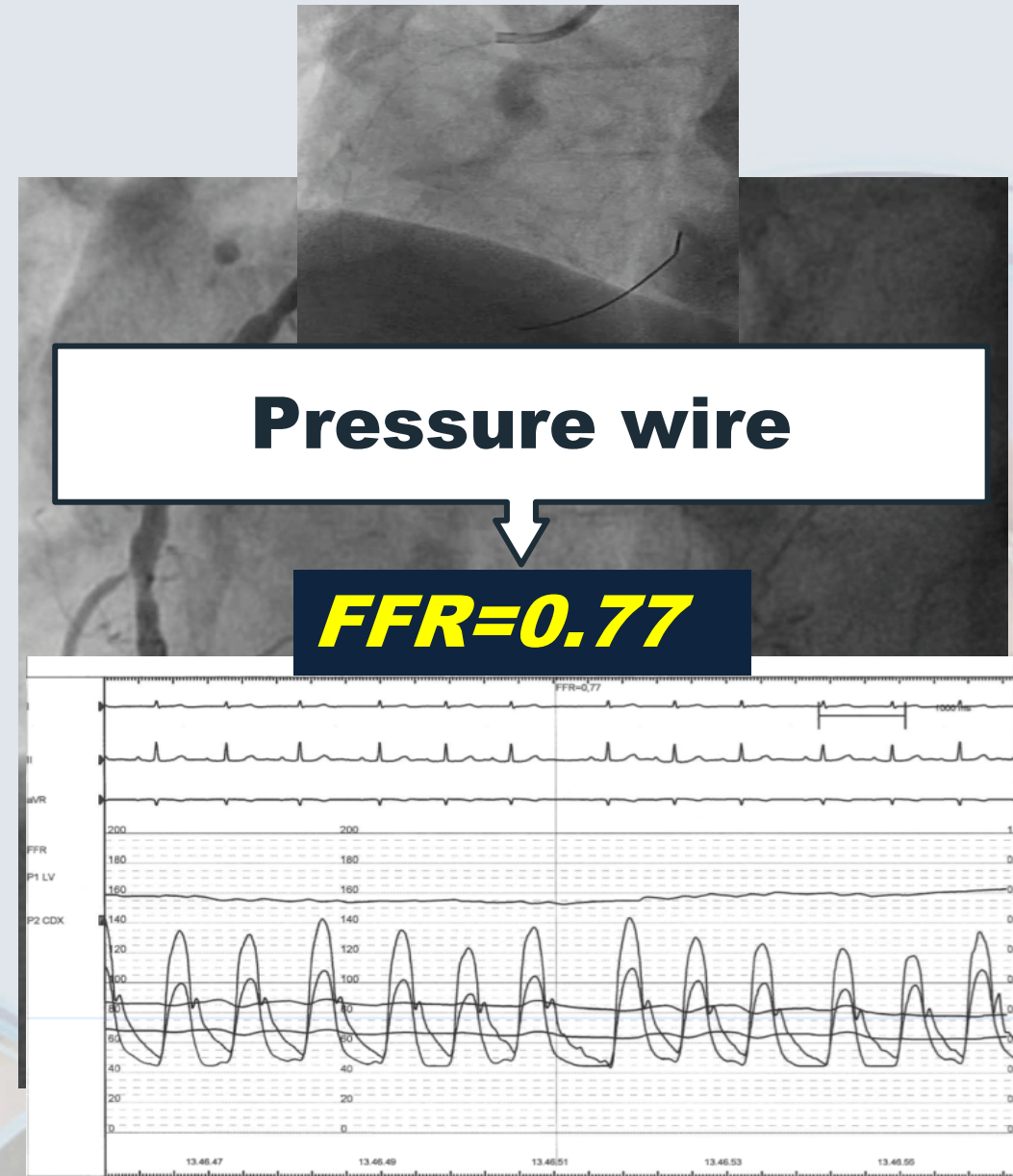
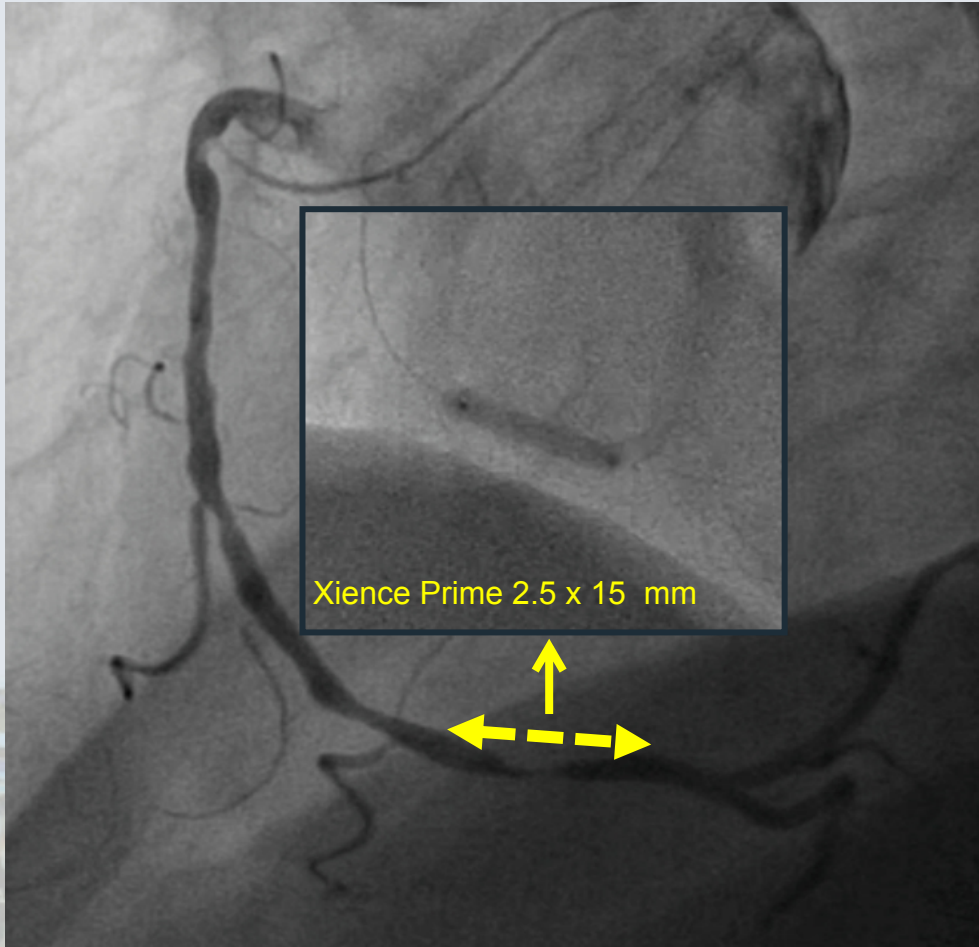


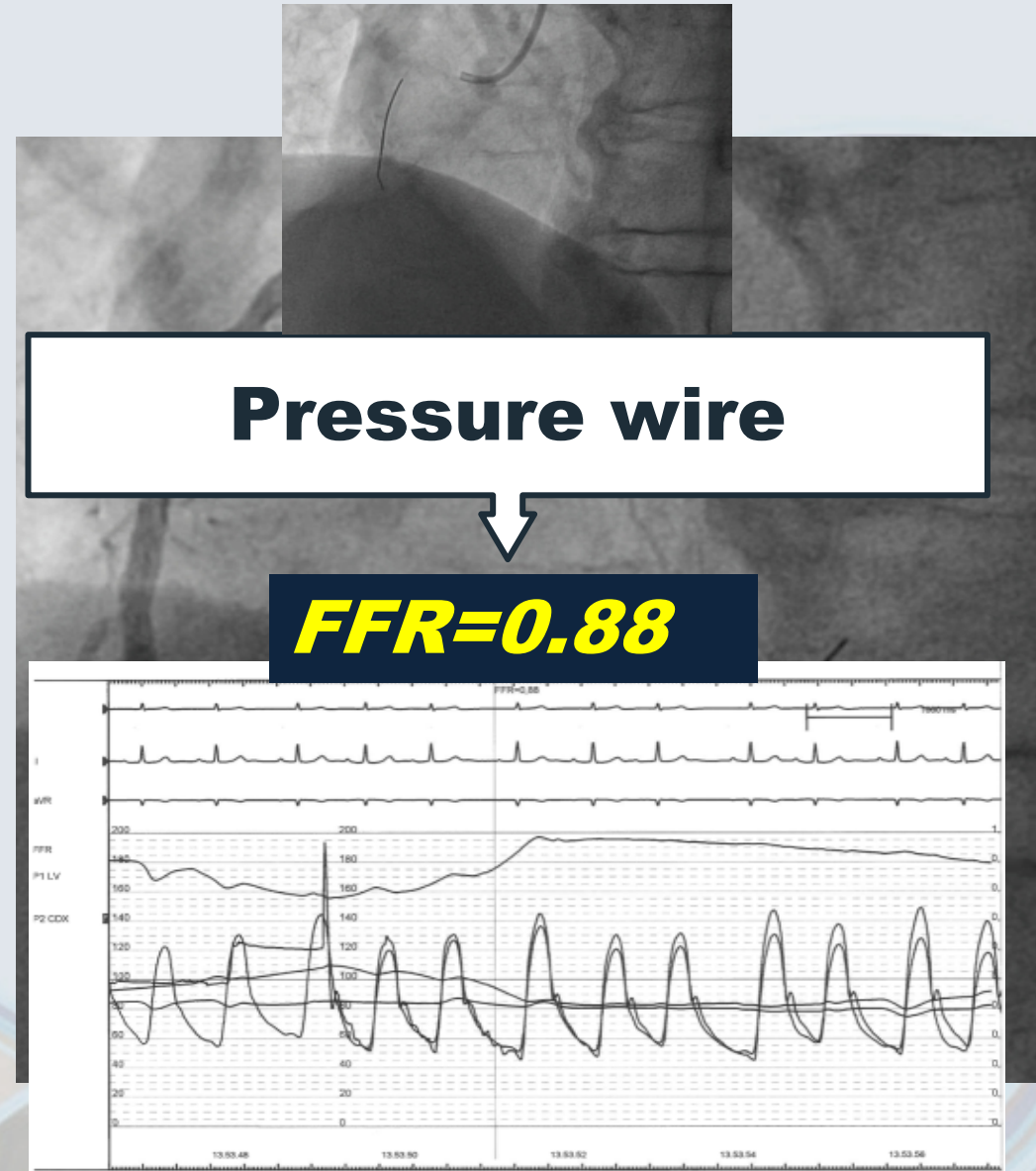
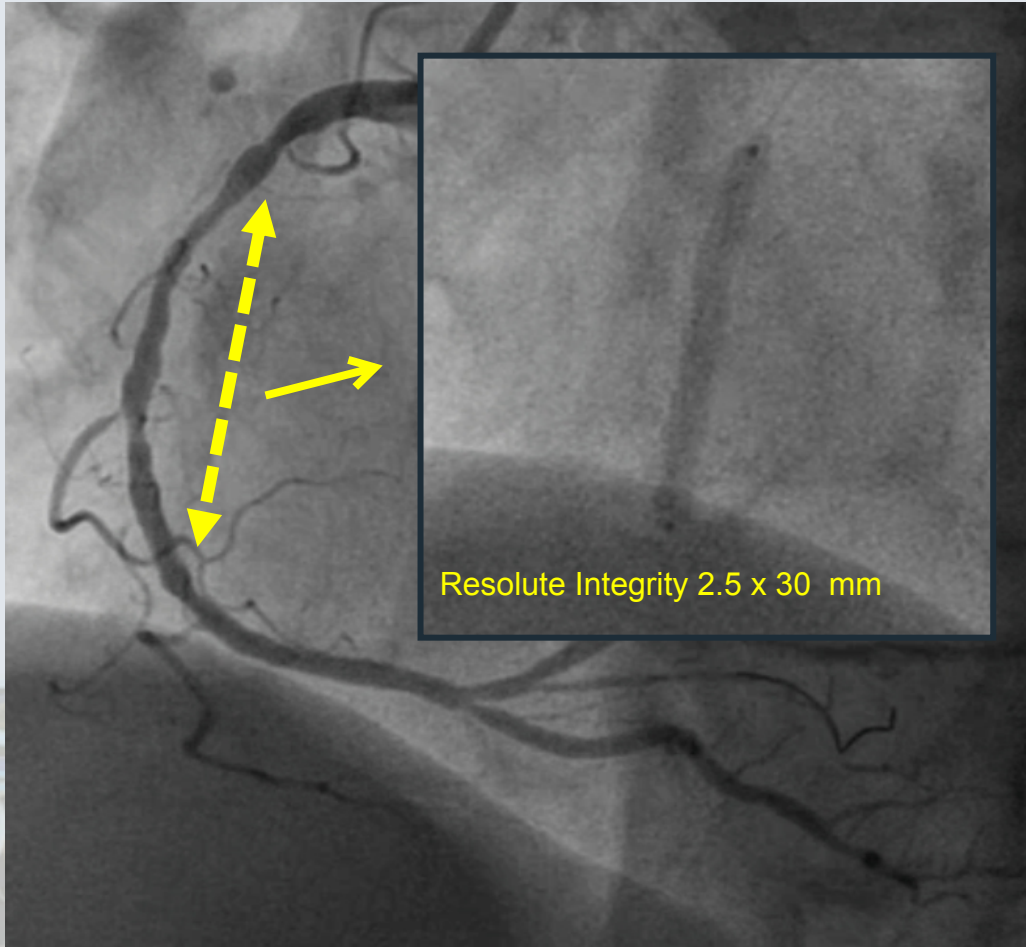


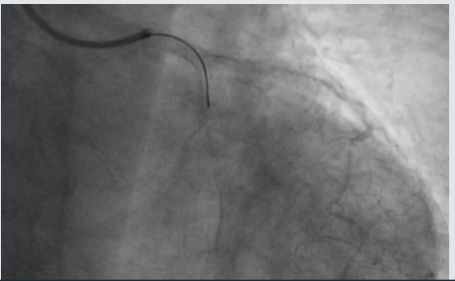
Pressure wire

FFR=0.67

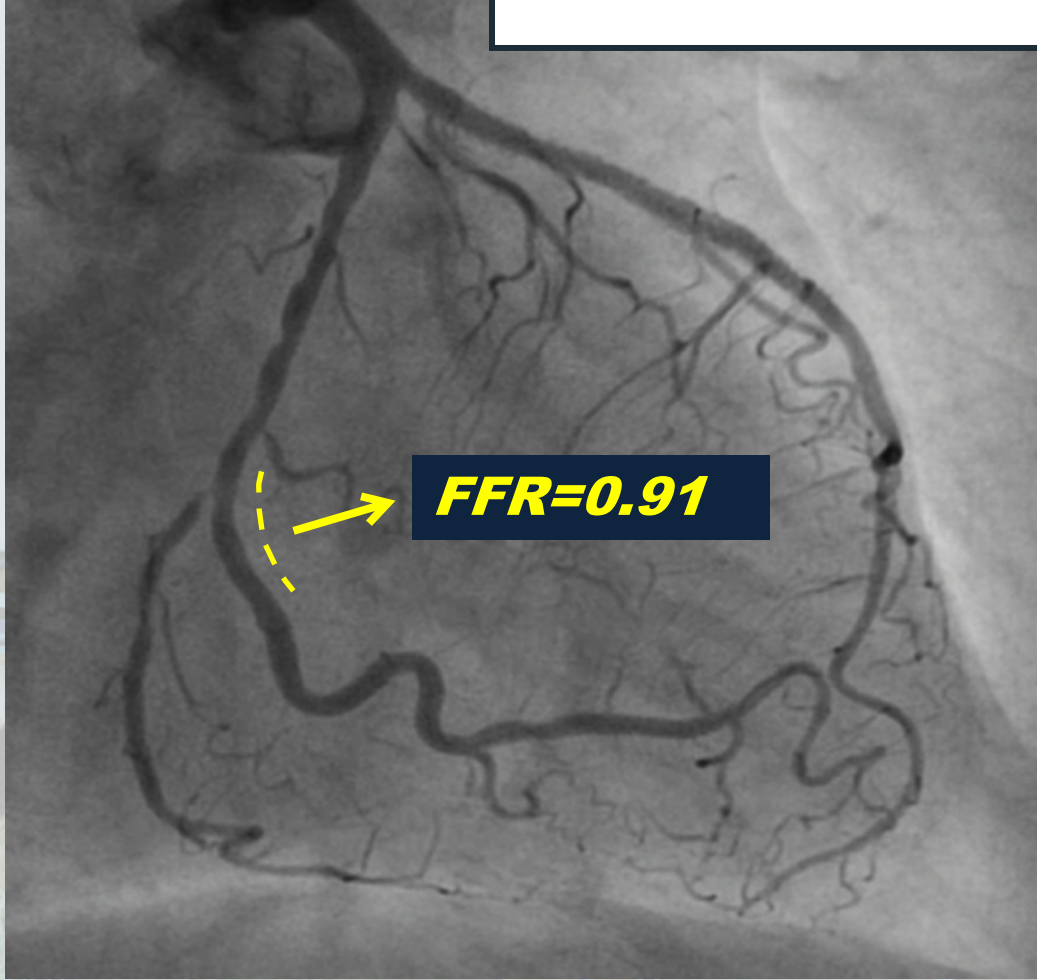




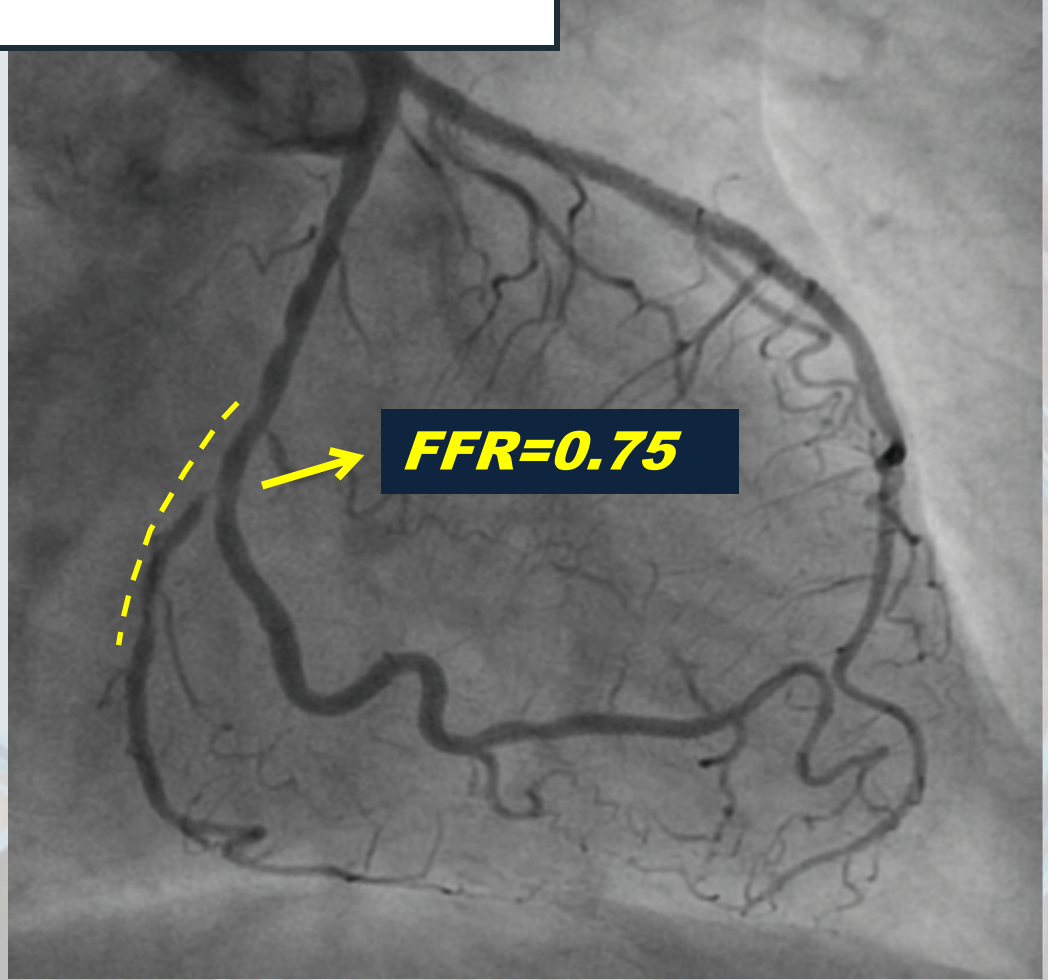




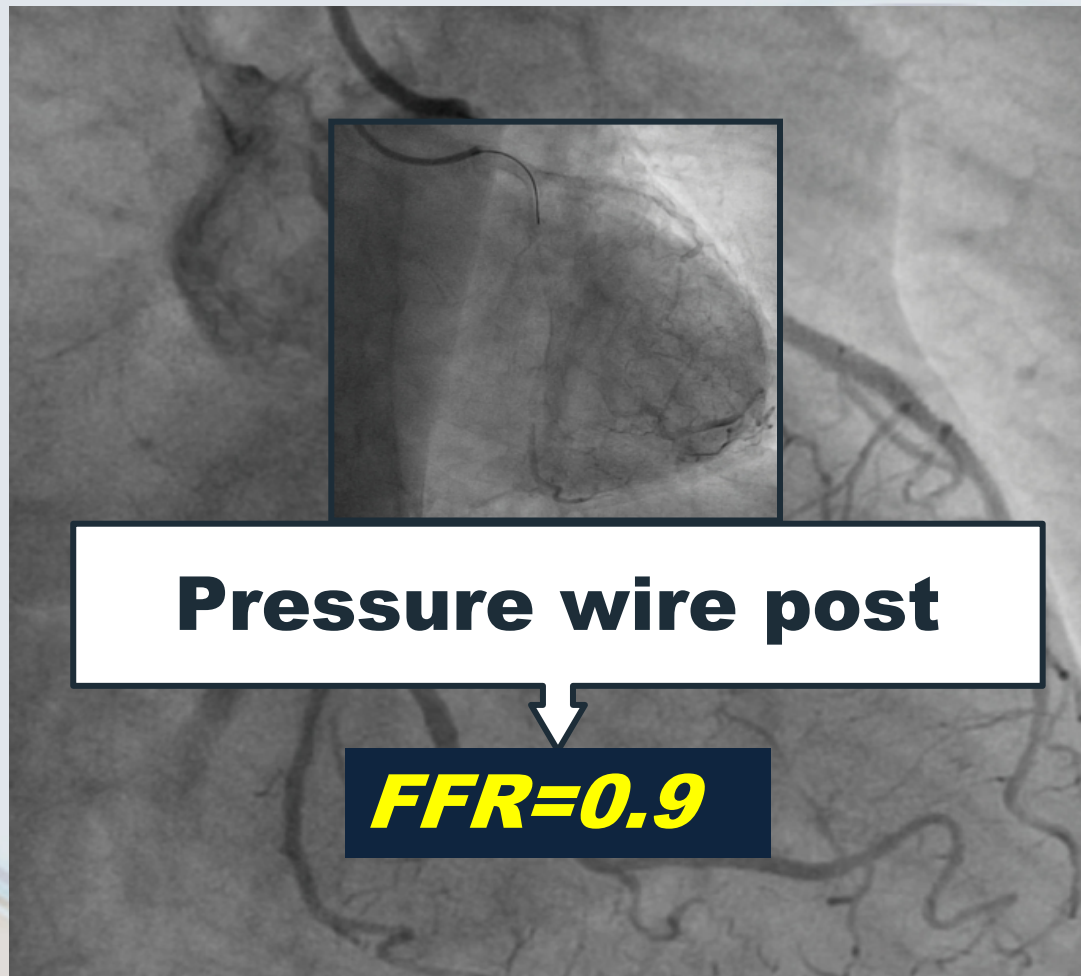
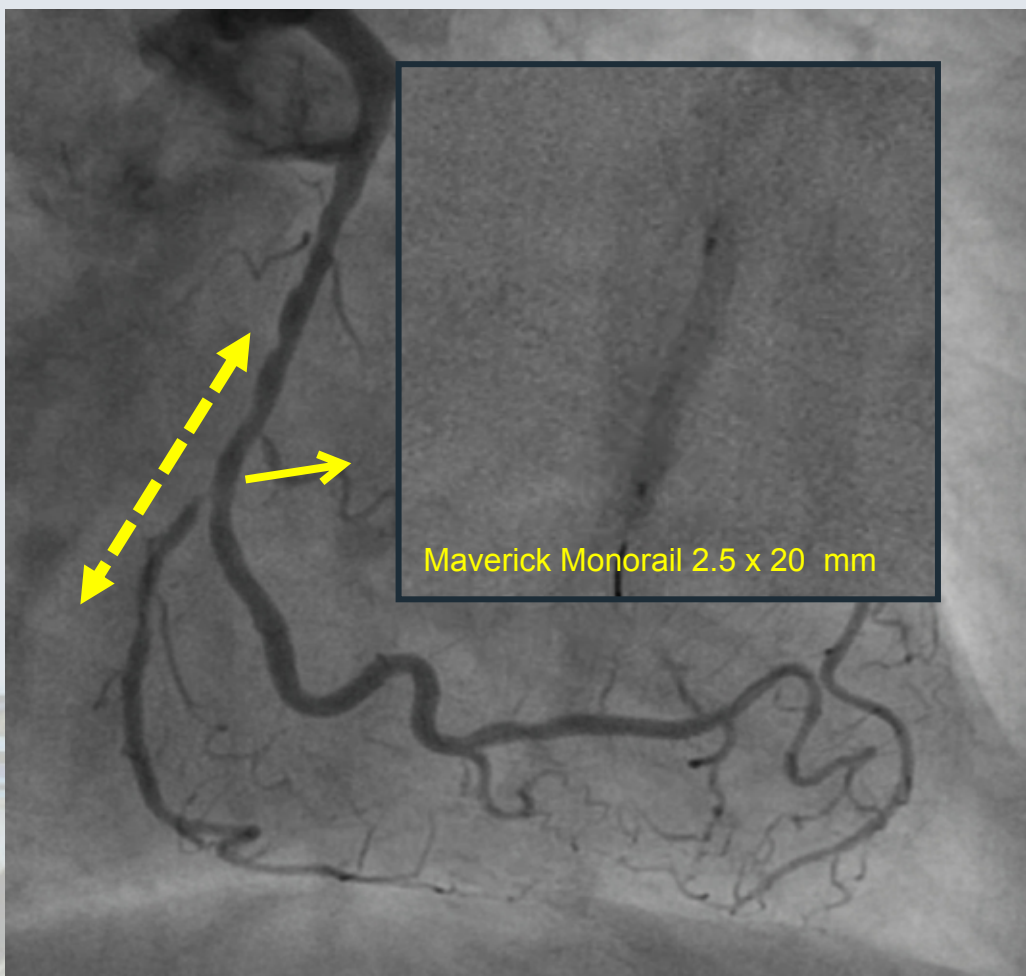
Pressure wire on CX-MO



FFR=0.91



FFR=0.75



DISCHARGE DAY 4

q ***ASA 100 mg***

q ***Ticagrelor (90 mg twice daily)***

q ***Amlodipine 10 mg, Ramipril 5 mg, Atorvastatin 80 mg,
Lansoprazole 30 mg***

ü **2D-ECHO: EDV 72 ml/m², EF 54%**