Anticoagulation choice in patients receiving biologic drug therapy

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Introduction: The management of stroke, particularly hemorrhagic stroke, in patients taking oral anticoagulants still poses some challenges.

Case Report: A 57-year old woman with multiple vascular risk factors and ulcerative colitis presented to our hospital after noticing speech impairment and headache when she woke up. This patient was taking, among other medications, acenocoumarol, methotrexate, prednisolone and adalimumab. Her initial ECG demonstrated atrial fibrillation and her CT scan showed acute haemorrhage of the right cerebellum. Anticoagulant therapy was stopped. The patient’s clinical status improved steadily during her stay at our centre. On the twenty third day, the haemorrhage had already been reabsorbed, and discussion was raised concerning the patient’s orientation. The haemorrhagic stroke was considered to be due to the patient’s history of hypertension. Despite the spontaneous haemorrhage, given the risk of further cardioembolic stroke episodes due to atrial fibrillation and associated risk factors, reinitiating anticoagulation was deemed necessary. At this stage, introducing a novel oral anticoagulant was considered. Nevertheless, this idea was discarded for the lack of experience regarding these drugs in ulcerative colitis patients on biologic drug therapy. This question was also debated with Cardiology and, to reduce haemorrhagic risk, left atrial appendage closure was considered and scheduled.

Conclusion: This patient illustrates the difficulties faced when dealing with multiple comorbidities and simultaneous risk of bleeding and ischaemia.

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