Nadroparin calcium

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Type II heparin-induced thrombocytopenia and worsening of cerebral venous thrombosis in an elderly patient: case report

A 67-year-old woman developed type II heparin-induced thrombocytopenia (HIT) and worsening of cerebral venous thrombosis (CVT) while receiving nadroparin calcium for CVT.

The woman presented with symptoms compatible with CVT, which was confirmed via cerebral MRI. She was given full-dose unfractionated heparin, which was then switched to enoxaparin sodium until hospital discharge. She was then managed as an outpatient with injectable nadroparin calcium [*dosage not stated*] and acenocoumarol. However, she reported the occurrence of transient nausea, vomiting and vertigo 2 hours after each nadroparin calcium injection. These symptoms worsened with each subsequent injection.

The woman was readmitted for further investigation. Thrombocytopenia was observed, with a platelet count of 65×10^9 /L. A worsening of her CVT was demonstrated by cerebral MRI, with the thrombosis now quasi-occlusive. Anti-PF4 antibody tested positive, which was consistent with HIT under nadroparin calcium. She was also found to have asymptomatic cryptogenic organising pneumonia, which was treated with antibiotics and prednisone. Nadroparin calcium and acenocoumarol were discontinued, and she was commenced on fondaparinux sodium. Her platelet count normalised, and her symptoms resolved. She remained asymptomatic at 1 year's follow-up, with partial resolution of the CVT demonstrated on cerebral MRI.

Author comment: "[Our patient developed] type II HIT, responsible for the cerebral thrombosis worsening". "[O]ur case is the third one describing HIT triggered by [low molecular weight heparin] with CVT".

Hsieh J, et al. Cerebral venous thrombosis due to cryptogenic organising pneumopathy with antiphospholipid syndrome worsened by heparin-induced thrombocytopenia. BMJ Case Reports : No. 009500, 9 Jul 2013. Available from: URL: http://dx.doi.org/10.1136/bcr-2013-009500 - Switzerland 803093384