HEPARIN-INDUCED THROMBOCYTOPENIA IN A PATIENT WITH MASSIVE LUNG EMBOLISM, LEFT-SIDED PNEUMONIA, AND UTERINE TUMOR: A CASE REPORT

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A 73-year old, obese female patient, not systematically treated was admitted to the hospital for increasing dyspnea, cough, and subfebrile body temperature since about 2 month as well as worsening of the exercise tolerance, aches of the limbs, periodical metrorrhagia, polydipsia, and polyuria since about 2 years. At admission, general health very serious, dyspnea at rest, tachypnea 40 per minute, tachycardia 120 beats per minute, rattles at the left lung base. Laboratory findings showed the features of multiorgan failure. Pneumonitis and diabetes mellitus were diagnosed and appropriate therapy was started. The second day of hospitalization, an atrial fibrillation incidence occurred. Echocardiography revealed tricuspid valve incompetence, increase systolic blood pressure in the right ventricle (61 mmHg). Doppler ultrasound of the deep lower limbs' veins revealed a fresh thrombus in the deep veins of the right calf. Chest CT revealed thrombi in the left pulmonary artery of the inferior lobe and in the bilateral arteries of the inferior lobes and suspected thrombi in the segmentary arteries of the superior and middle lobes. Low-molecular heparin was given (enocaprin). However, a decrease in the blood platelet count from 130 to 58 (x $10^3/\mu L$) was seen. As heparin-induced thrombocytopenia was suspected, low-molecule heparin was discontinued. That led to a prompt increase in the blood platelet count to the normal values (490 x $10^3/\mu L$). Antibodies against heparin-PF4 complexes were assayed and their presence was confirmed in the patient's blood. Cuomarin derivative (acenocoumarol) was introduced and the therapeutic INR value was achieved. The patient was also given fondaprynux (Arixtra) in a daily dose of 7.5 mg *s.c.* for 3 days. Control echocardiography revealed a decrease in the degree of tricuspid valve incompetence and in systolic blood pressure in the right cardiac ventricle by about 40 mmHg. The patient was discharged in a satisfactory health status for further diagnostics and gynecological treatment.