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Venous thrombosis developed in patient with breast cancer, decompensated cardiomyopathy and AKI

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Introduction: We report the venous thrombosis developed after CRRT and hemodialysis (HD) using femoral catheter in with breast cancer and decompensated chemotherapy-induced cardiomyopathy complicated by acute kidney injury. **Case:** A 48-years-old female admitted because of dyspnea, cough developed 1 month ago. After operation 5 years ago, radiotherapy and palliative chemotherapy (total dose of adriamycin = 471.3mg) was performed for 2 years. Echocardiography showed severe left ventricular (LV) systolic dysfunction (ejection fraction = 10~15%) with each chamber dilatation. Given by chemotherapy-induced dilated cardiomyopathy (DCMP), intravenous inotropics, diuretics and vasodilators were administered. On 12th day, acute kidney injury (AKI) was developed. CRRT for 10 days followed by HD for 3 days were performed. She was high risk of developing deep vein thrombosis (DVT). Preventive IV heparin for machine was used during CRRT and HD but additional heparin for prophylaxis was not administered. Additionally, platelet count decreased consistently and the lowest was 43,000/ul. Because urine output was increased, HD was stopped and oral diuretics were administered. On 4th day after stopping the HD, she suddenly complained of pain and swelling in the right calf. Low molecular weight heparin was administered subcutaneously once daily. Pulmonary embolism & DVT CT showed large thrombus on segmental pulmonary artery of right lower lobe and DVT from right external iliac vein extending through superficial femoral vein and right popliteal vein. On 4th day after diagnosis of embolism, LMWH was stopped and Factor Xa inhibitor was administered orally two time a day. Follow-up echocardiography a month after admission showed improved LV systolic dysfunction (EF = 33%). On 49th days after admission, the patient was discharged. **Conclusion:** Early CRRT significantly reduced the need for using mechanical ventilation and resulted in a positive trend towards reducing in-hospital mortality rates in patients with HF complicated by AKI. The Case eventually occurred DVT and Pulmonary embolism. If despite of bleeding risk, aggressive prophylaxis for DVT might have been to prevent DVT and pulmonary embolism.

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Gender difference in long-term outcomes among acute MI patients undergoing PCI

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Background: Limited data are available for gender-based differences in Korean patients with acute myocardial infarction (AMI) undergoing percutaneous coronary intervention (PCI). **Methods:** The study patients comprised 183 women and 560 men who underwent PCI for AMI between 2013 and 2014. Long-term clinical outcomes between both genders were compared before and after 1:1 propensity score matching. The end points were all-cause mortality and composite outcome of death, myocardial infarction, repeat revascularization, and stroke at 2 years. **Results:** Women were significantly older, had higher rates of hypertension and diabetes, had more history of chronic heart failure, higher C-reactive protein, and lower hemoglobin levels. There were significantly higher rates of all-cause mortality (12.0% vs. 5.0%, $p = 0.002$) and composite outcome (19.7% vs. 11.4, $p = 0.006$) in women with AMI as compared to men. After 1:1 propensity score matching, well-matched 183 patients in each gender were evaluated. In the propensity score-matched cohort, the 2-year mortality (12.0% vs. 6.6%, hazard ratio, 1.86; 95% confidence interval [CI], 0.92 to 3.76; $p = 0.084$) and composite outcome (19.7% vs. 12.0%, hazard ratio, 1.63; 95% confidence interval [CI], 0.96 to 2.76; $p = 0.073$) were similar for the women and men. The Kaplan-Meier curves showed a non-significant trend toward greater 2-year mortality and composite outcome in women, as assessed using the log-rank test (Figure) **Conclusions:** After propensity score-matched analysis of both demographic and angiographic characteristics, 2-year rates of mortality and composite outcome were comparable across the genders.