



# A DABIGATRAN PATIENT PRESENTING WITH POLYTRAUMA

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# Background

73 year old with atrial fibrillation regularly taking Dabigatran

Dosage: 150mg BD

PMH: Age related macular degeneration

Baseline eGFR >60

# Presentation

Nov 2013 attended A&E at the RVI

Found by family member at the bottom of the stairs at 0420

Unclear how long she had been there

Presumed she fell downstairs

No previous falls history

Unable to ascertain the timing of the last dose but presumed to be within 12 hours of presentation

Raised Cr 92 (eGFR 55)

# Initial Assessment

- GCS 10/15
- CT head scan + 10mins
  - Acute subarachnoid haemorrhage (primarily in left hemi-cranium)
  - Small extra-dural bleed over left parietal region
  - Right base of skull and sphenoid fracture
  - Fracture through body of C8
- CT thorax/abdomen/pelvis
  - Right flail chest with underlying pneumo and haemothorax
  - Possible areas of active bleeding in chest
  - Large right paralumbar haematoma
  - Fracture of right clavicle and T11



# Bloods

Time (hrs)	Dabigatran	TT	PT	APTT	Clauss Fib	Platelets	Cr	eGFR
0	190	400	35	64	0.8	148	92	55.2

# First management

- Given 4 units of Fresh Frozen Plasma
- Repeat CT scan + 2 hrs
  - Marked progression of subarachnoid haemorrhage
  - Increasing subdural haemorrhage
  - Midline shift to the right
  - Developing hydrocephalus and raised intra-cranial pressure





# Further management

- Beriplex 30units/kg
- Transexamic acid 1.5g IV
- Angiography of aorta
  - Embolisation of right lumbar and right intercostal artery
- CT head + 12 hrs
  - New acute subdural haematoma in addition to the previous left sided one
  - Extensive subarachnoid haemorrhage, tentorial subdural haematoma and intra-ventricular haemorrhage



# Bloods

Time (hrs)	Dabigatran	TT	PT	APTT	Clauss Fib	Platelets	Cr	eGFR
0	190	400	35	64	0.8	148	92	55.2
1	178	400	15	76	1.2	150	70	75.6
4	163	400	9	51	1.5	146		
7		400	10	49	1.5	136	65	82.4
10		400	9	40	2.3	141	57	95.8

# Further Management

- Discussed again with Haematology + 36 hrs
- Haemofiltration started for two days
- CT head + 84 hrs
  - Right haemtoma matured and reduced in volume
  - Right subdural reduced in volume
  - No sign of hydrocephalus or midline shift



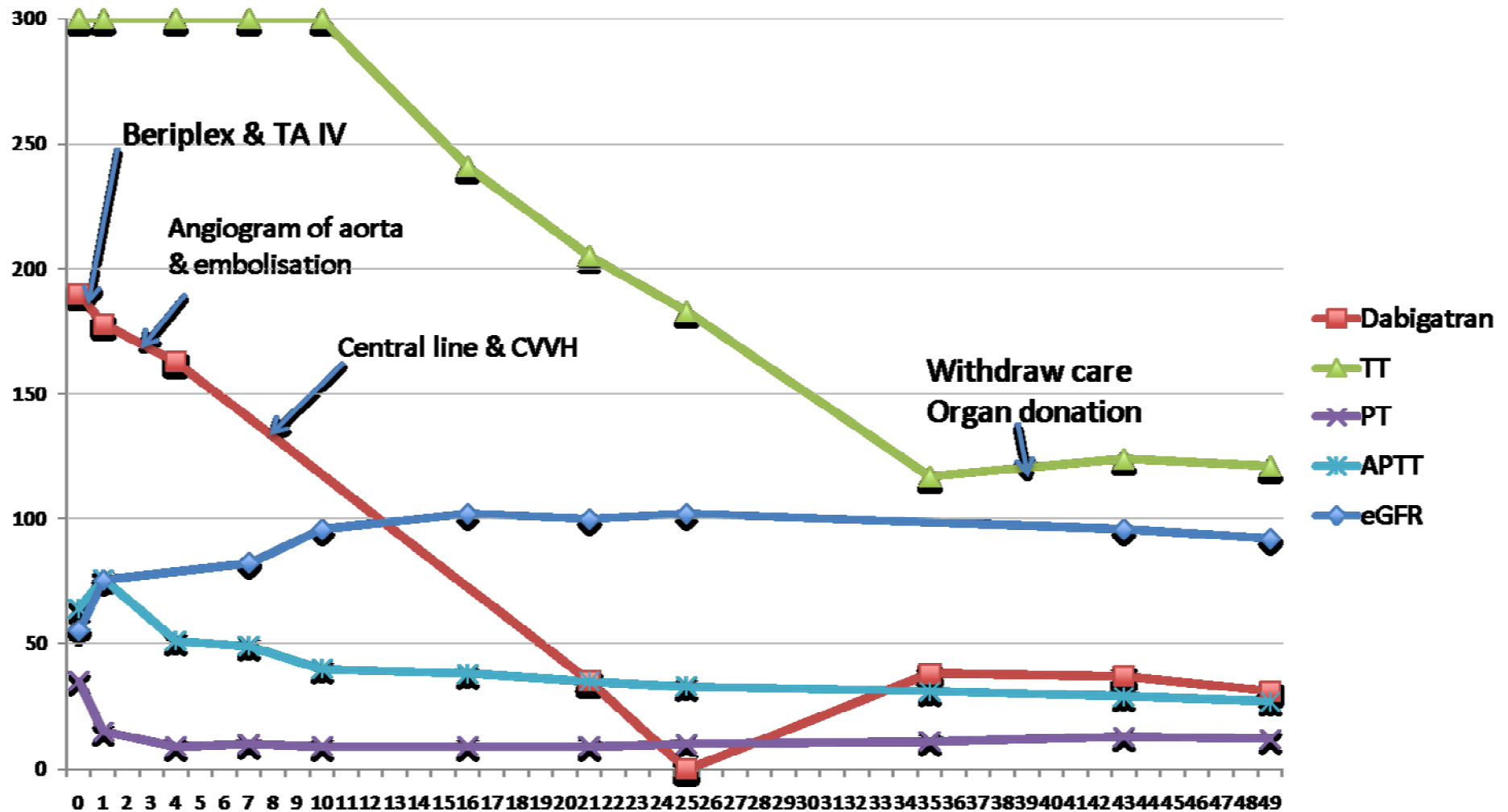
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10		400	9	40	2.3	141	57	95.8
16		241	9	38	2.3	117	54	102
21	35	205	9	35	2.5	118	55	99.9
25	<35	183	10	33	2.5	110	54	102
35	38	117	11	31	2.5			
43	37	124	13	29	2.7	78	57	95.8
49	31	121	12	27	3	72	59	92.1

# End of Care

- No improvement in GCS or clinical state
- Declared brain dead

# Graph of Dabigatran levels





# Points to Consider

In view of the extensive injuries would the outcome have been different if she had been on Warfarin or on no anti-coagulation?

Would you change the management she received?



# Questions or Comments