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Stent-implantation is an established strategy for PCI and it requires dual antiplatelet agents to prevent thrombosis. The patients treated with drug eluting stent (DES) are administrated dual antiplatelet agents for much longer period. Though Warfarin sodium is essential for patients with mechanical valve or atrial fibrillation, bleeding complication is common. We report two cases of cerebral hemorrhage after PCI and discuss the validity of DES based on BAT study. Case 1: 83-year-old man with chronic atrial fibrillation taking aspirin and Warfarin for three years after PCI was admitted because of disturbance of consciousness and left hemiplegia. CT revealed large right thalamic and intraventricular hemorrhage. INR on admission was 1.77. Case 2: 73-year-old man with paroxysmal atrial fibrillation taking aspirin, ticlopidine hydrochloride and Warfarin for 4 months after DES implantation was admitted because of homonymous hemianopsia. CT revealed a right occipital lobe hemorrhage. INR was 1.64. By BAT study, major bleeding happens 1.21% in the single antiplatelet agent group, 2.00% in the dual agents group, 2.06% in the warfarin group, and 3.56% in the warfarin with single agent group. Cerebral hemorrhage occurred despite the INR was well maintained like our cases. We should be careful for how many stents to be placed and consider the place of stent-implantation. We also discuss the utility of MRI to detect early, asymptomatic cerebral hemorrhage.