RESOLUTION OF MULTIVESSEL INTRACORONARY THROMBOSIS WITH GLYCOPROTEIN IIB/IIIA INHIBITION IN A COCAINE ABUSER

Mandana Chitsazan, MD[1]; Russell Stein, MD[2]; Sumit Tickoo, MD[2].

[1] Norwalk Hospital, Norwalk, CT, [2] Danbury Hospital, Danbury, CT

Category for the abstract: Case vignettes

Background: Coronary thrombosis is well-described among cocaine users. We describe a case of cocaine-induced multivessel coronary thrombosis successfully treated with medical management. Case: 31 year old male with a history of cocaine use, myocardial infarction 2 years ago (status post bare metal stent to proximal right coronary artery (RCA), in-stent thrombosis after 4 days, intervened by drug-eluting stent-in-stent), and medication noncompliance, presented with acute retrosternal chest pain. Initial ECG showed ST segment elevation in inferior leads and tall T waves in V1-V3. Patient was loaded with aspirin and ticagrelor. Urgent catheterization showed de novo thrombus in mid-left anterior descending (LAD) and second obtuse marginal (OM2) and in-stent recurrent thrombus in proximal RCA. After receiving a bolus of eptifibatide, he was continued on eptifibatide infusion for 48 hours. Repeat catheterization showed near complete resolution of acute thrombi in mid-LAD, OM2, and proximal RCA. Transthoracic echocardiogram was normal. Discussion: Deciding to pursue percutaneous coronary intervention or not was the biggest dilemma. Patient had history of medication noncompliance and exhibited early and late stent thrombosis. Moreover, his ongoing cocaine use put him at higher risk of in-stent restenosis. Therefore, we decided to manage him medically. Conclusion: We report a case of multivessel coronary thrombus which was successfully managed with glycoprotein IIb/IIIa inhibitor infusion.