

Abciximab: A Foe or a Friend?

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Case report:

A 62 year old female suffering with a NSTEMI (troponin T of 4.7) received a dose of abciximab following a difficult primary coronary angioplasty via the right femoral artery. Later that afternoon she collapsed with signs of retroperitoneal haemorrhage.

An emergency laparotomy was performed while resuscitation continued to correct Hb of 2.3 g dl, severe acidosis (base deficit 26 meq l, pH 6.69) and coagulopathy. Several small lacerations of intra abdominal left femoral artery were repaired under aortic cross clamp. Intraoperatively she developed pulmonary oedema, significant abdominal compartment syndrome and hypothermia despite preventative strategies. She was admitted to ITU with a laparotomy. She underwent two further laparotomies and a tracheostomy. She made a full recovery and was discharged to the ward on 16th postoperative day.

Discussion:

Management of surgical haemorrhage complicated by abciximab poses a challenge requiring a multidisciplinary approach. The mode of action and benefits of abciximab in Acute Coronary Syndrome merit a review. This patient did not develop an ARDS despite acute surgical insult and severe biochemical abnormalities. Her recovery without any cardiac or renal deficit was noteworthy. We believe that abciximab although contributory to severe coagulopathy (1) had a protective role in prevention of ARDS and its resultant complications.

Reference:

1. Kuwahara M et al. Arterioscler Thromb Vasc Biol 2002; 22: 329-34