Clinical manifestation of heparin-induced thrombocytopenia type II

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An 80-year-old female with postinfarction ventricular septal defect was transferred to our institution. She had been anticoagulated with unfractioned heparins for 3 days since the infarction occurred. Forty-two hours after admission the patient developed a thrombosis in the left forearm (Fig. 1) and embolization in the front of her right foot (Fig. 2). A platelet count revealed a decrease from 1193/ml to 143/ml. Heparin-induced thrombocytopenia, type II (HIT II), was suspected and anticoagulation was immediately changed to r-hirudin. Laboratory investigation of the heparin/platelet factor 4 ELISA and heparin-induced platelet aggregation assay (HIPAA) confirmed the diagnosis of HIT II. The platelet count increased during therapy with r-hirudin to 150/μl within 2 days. Because of hemodynamic deterioration, the postinfarctional VSD was closed with a Dacron patch and the left anterior descending artery revascularized with a venous graft. The anticoagulation during cardiopulmonary bypass was performed with r-hirudin and monitored by measurement of the ecarin clotting time. The immediate postoperative course of the patient was uneventful.

Fig. 1. Thrombosis in the left forearm.
Fig. 2. Embolization in the front right foot.