

Abstract

Patient who has undergone prosthetic valve replacement are at risk of thromboembolic complications including systemic embolization and prosthetic thrombosis causing valve obstruction and/or regurgitation. Mechanical prosthetic valves carry increased risk than bioprosthetic valves thus such patients need lifelong anticoagulation. Current recommendation is for the patients to be on lifelong vitamin k antagonist such as warfarin.

Warfarin has the disadvantage of a narrow therapeutic index and an array of interaction with food substances and other commonly prescribed medications. Consequently, there are risks affiliated with long term anticoagulation.

It is well known for patients on warfarin to present with various bleeding manifestations which could potentially be life threatening. There is no clear evidence as how to manage patients who present with intracranial bleeding on warfarin with mechanical valves with regards to reversal of anticoagulation and reinitiating anticoagulation.

This case report describes an elderly gentleman with a history of mechanical aortic valve presenting with a nonspecific history found to be having large intracerebral hemorrhage while on warfarin with supra therapeutic INR who was managed with withholding warfarin alone and reinitiated on warfarin eleven days later with unfractionated heparin bridging.

Questions remain regarding the optimal management of such patients as there is neither solid evidence nor consensus. Further studies are needed to address the above problem. A multidisciplinary approach with individualized management strategies needs to be followed until further data is available.