



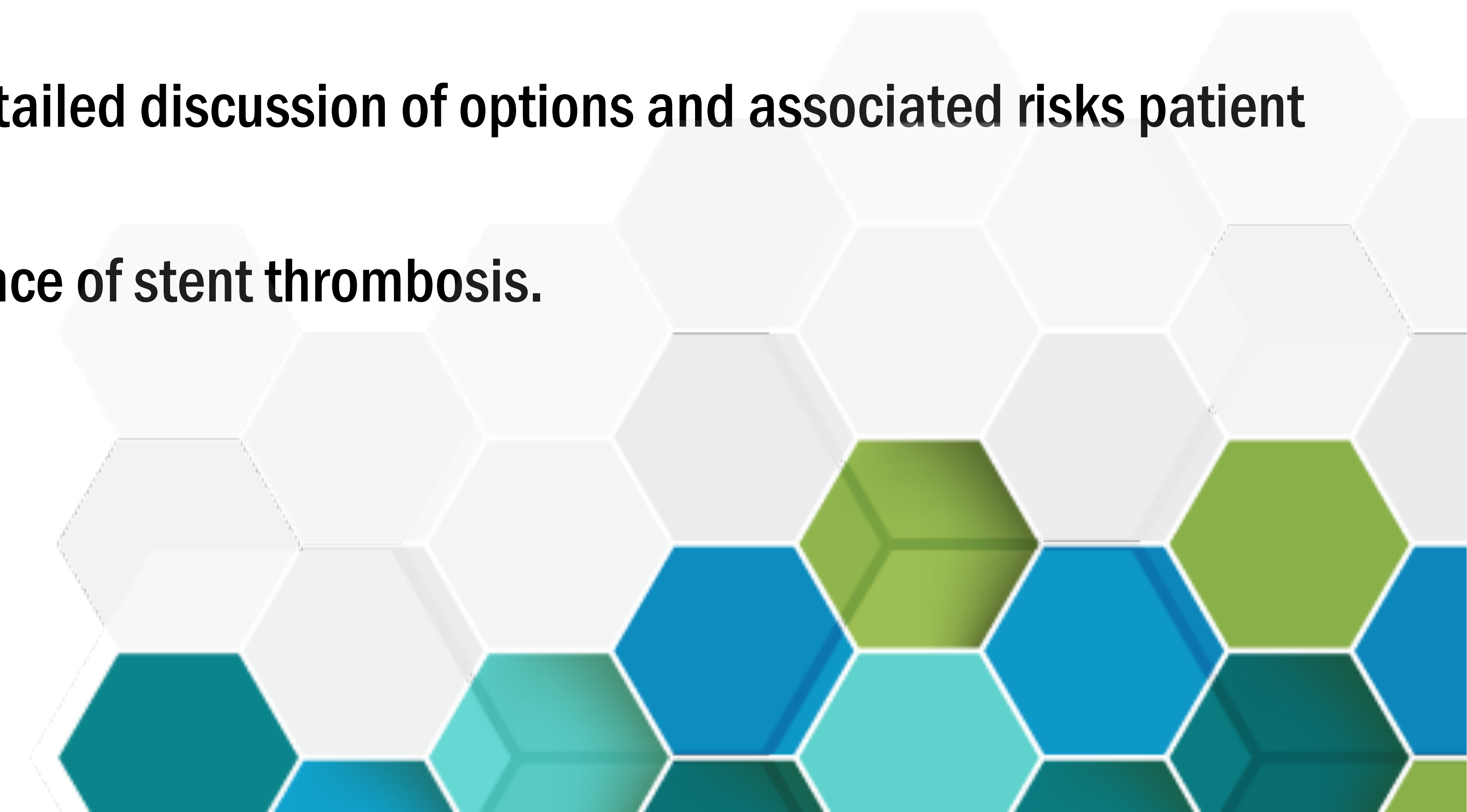
Platelet transfusion prior to neuraxial placement for term parturient on dual antiplatelet therapy

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Case Report

- 32 year-old G3P2 with scant prenatal care presents to L&D at 39 weeks for delivery
- 9 weeks prior (30 weeks) anterior STEMI 2/2 obstructive CAD treated with DES x 3 to LAD with presumed ischemic cardiomyopathy (EF 35-40%) for which she was started on DAPT (aspirin/prasugrel) and GMDT (metoprolol, furosemide) with reported 100% adherence
- Exam concerning for heart failure exacerbation: edema, dyspnea, orthopnea with new oxygen requirement; obese (BMI 48) with large neck circumference, mallampati III, rhinovirus +
- Continues to smoke 1 PPD (even while on L&D unit)
- Delivery plan: repeat SVD with assisted 2nd stage, no obstetric indication for operative delivery
- Nitrous oxide and fentanyl provided insufficient pain relief as labor progressed
- After multidisciplinary discussion with cardiology, MFM and OB anesthesia as well as detailed discussion of options and associated risks patient opted to proceed with epidural placement following platelet transfusion
- Monitored closely with arterial line and telemetry during labor and delivery for any evidence of stent thrombosis.
- Following complete resolution of block & repeat platelet transfusion, epidural removed
- Neuro exam closely monitored postpartum, no evidence of hematoma



Discussion

- Pregnancy associated MI (PAMI) is rare but increasing in incidence with high mortality
- PCI intervention is standard of care but need for antiplatelet therapy provides unique challenge during pregnancy
- PAMI requiring PCI during later stages of pregnancy (<3 months from anticipated delivery) may benefit from BMS over DES
- Platelet function assays may be used to evaluate platelet inhibition when available in a timely manner (*see figure*)
- Platelet transfusion *may* be a safe for reversal of platelet inhibition in certain clinical situations where holding DAPT is not possible or operative delivery under general anesthesia is deemed higher risk
- Other considerations: remifentanyl PCA, bridging anti-platelet therapy with short acting P2Y12 inhibitor (i.e. cangrelor) or glycoprotein IIb/IIIa inhibitor (i.e. eptifibatide), use of P2Y12 inhibitor with reversal agent (i.e ticagrelor with bentracimab)

