**Hashmi M. ali, Sridhara R., Riaz I., Asawaeer M. Spontaneous psoas muscle hematoma during Rivaroxaban therapy**

International Heart and Vascular Disease Journal. 2015; 5: 38-42

**Abstract**

We report on the case of an 81 year old male who developed a spontaneous retroperitoneal bleed of the psoas mus-cle while on Rivaroxaban therapy for the prevention of arterial emboli due to atrial fibrillation (AF). Rivaroxaban is a factor Xa inhibitor which is indicated for use in patients with a history of AF, pulmonary emboli and deep vein thrombosis. Rivaroxaban is associated with increased risk of bleeding. Few reports exist in the literature describing spontaneous bleeding associated with the use of Rivaroxaban. But, none reported spontaneous retro-peritoneal psoas muscle hematoma, as in the case we are presenting.

**Keywords**

Rivaroxaban, hemorrhage/etiology, drug-related side effects and adverse reactions, retroperitoneal space, adult.

**Mazur N.A. Continuous combined multicomponent antithrombotic therapy of patients with coronary heart disease: the benefits and risks**

International Heart and Vascular Disease Journal. 2015; 7: 3-8

**Resume**

Meta-analysis of the results, obtained in the long-term controlled studies, showed that treatment with aspirin or clopidogrel compared with placebo reduces significantly the risk of overall mortality, non-fatal myocardial infarc-tion, stroke and vascular death by 25 %. Combinatory therapy of aspirin and clopidogrel for patients with acute myocardial infarction did not affect overall mortality, and only the frequency of the combined endpoint decreased by 20 % (p < 0.001) (non-fatal myocardial infarction, stroke, revascularization of the heart and cardiovascular death). Attempts to evaluate in numerous studies the possibility of increasing the effectiveness of long-term anti-thrombotic therapy in patients after acute coronary syndrome, by increasing the dose of antiaggregant or simply uncontrolled increase in the number of antithrombotic drugs — two antiaggregants in combination with one of the new oral anticoagulants, — showed no significant improvement in the treatment results. Because the frequency of the primary endpoint — overall mortality — did not change. Some reduction in the combined endpoint — a sec-ondary point on its value — accompanied by a significant increase in the risk of bleeding, which is associated with an increased risk of death. The same results were obtained in the study PEGASUS (Prevention of Cardiovascular Events in Patients with Prior Heart Attack Using Ticagrelor Compared to Placebo on a Background of Aspirin) in patients with documented chronic coronary heart disease (CHD) (myocardial infarction). The finding data suggests that the uncontrolled increase in the dose of drugs and combinations thereof has no effect on overall mortality. One of the new trends in finding a solution to increase the therapy efficacy, without increasing the risk of bleeding, may be an individual choice of the drug, based on an assessment of the extent of its effect on platelet aggrega-tion. Today, many studies have shown an interconnection between high residual platelet reactivity and mortality of patients with CHD. Based on these data, there have been proposed target levels of the platelet reactivity reducing by therapy with aspirin and clopidogrel, which allow the selection of an effective drug for each patient. This article devoted to the study of this issue.

**Key words**

Atherotrombosis, antithrombotic therapy, platelet aggregation, antiaggregants

**Mohamed Abdelshafy Tabl**

**Safety of ticagrelor post fibrinolysis in STEMI patients.**

International Heart and Vascular Disease Journal. 2018; 19: 14-18

Objective. to assess the safety of ticagrelor in patients with ST-elevation myocardial infarction treated with fibrinolytic therapy.

Materials and methods. This unicenter, non randomized trial enrolled 200 patients (less than 75 years) diagnosed with ST-segment elevation myocardial infarction who received streptokinase from March to May 2018. One hundred Patients received ticagrelor (180-mg loading dose followed with 90 mg twice daily) while other 100 patients received clopidogrel (300-mg loading dose then 75 mg daily). Both P2Y12 inhibitors were administrated 2 hours after streptokinase, all population were naïve for any P2Y12 inhibitors pretreatment.The primary end point was thrombolysis in myocardial infarction (TIMI) major and minor bleedings through 60 days.

Results. At 60 days, TIMI major bleeding had occurred in 4 % of patients who received ticagrelor and in 3 % of patients who recieved clopidogrel (Odds ratio =1.3472, 95 % CI =0.293 % to 6.18 %; P =0.7014 for safety). No rates of fatal or intracranial bleeding occurred. Minor and minimal bleeding had occurred in 14 % of patients on ticagrelor and in 11 % of patients on clopidogrel (Odds ratio =1.3171; 95 % CI =0.566 % to 3.06 %; P =0.5221 for safety). After adjusting for subgroup of patients with high bleeding risk at baseline (HAS-BLED ≥3), Bleeding rates not increased in ticagrelor group (Odd ratio=1.611; 95 % CI=0.52–4.9; NNT for harm=8.4; P=0.40). RRR of bleeding rates in the clopidogrel group was only 1.25 %.

Conclusion. In patients younger than 75 years with ST-segment elevation myocardial infarction, delayed administration of ticagrelor for 2 hours after fibrinolytic therapy was safe and non inferior to clopidogrel for TIMI major and minor bleeding up to 60 days even in patients with high risk of bleeding (HAS-BLED score ≥3).

**Key words**

Anti platelets, Myocardial infarction, Fibrinolysis, Bleeding.

**M.N. Mamedov**

**Anticoagulative therapy after stroke in patients with atrial Fibrillation.**

International Heart and Vascular Disease Journal. 2019; 23: 32-36

**Summary**

Atrial fibrillation (AF) is one of the most serious complications in stroke patients. Meta-analysis of several studies showed that the risk of recurrent stroke is 2,5 higher in patients with AF and stroke/transient ischemic attack (TIA). According to current guidelines (ESC 2016) secondary stroke prevention in patients with AF include effective new oral anticoagulant (NOAC) and medication adherence measures. NOAC decreased cardiovascular mortality and the risk of major and intracranial bleeding compared with vitamin K antagonists in stroke/ TIA patients. The review article presents NOAC indications, dosing and administration recommendations.

**Key words**

Atrial fibrillation, stroke, anticoagulants, effectiveness, safety.