

A misleading diagnosis in acute coronary syndrome: tirofiban-induced alveolar hemorrhage

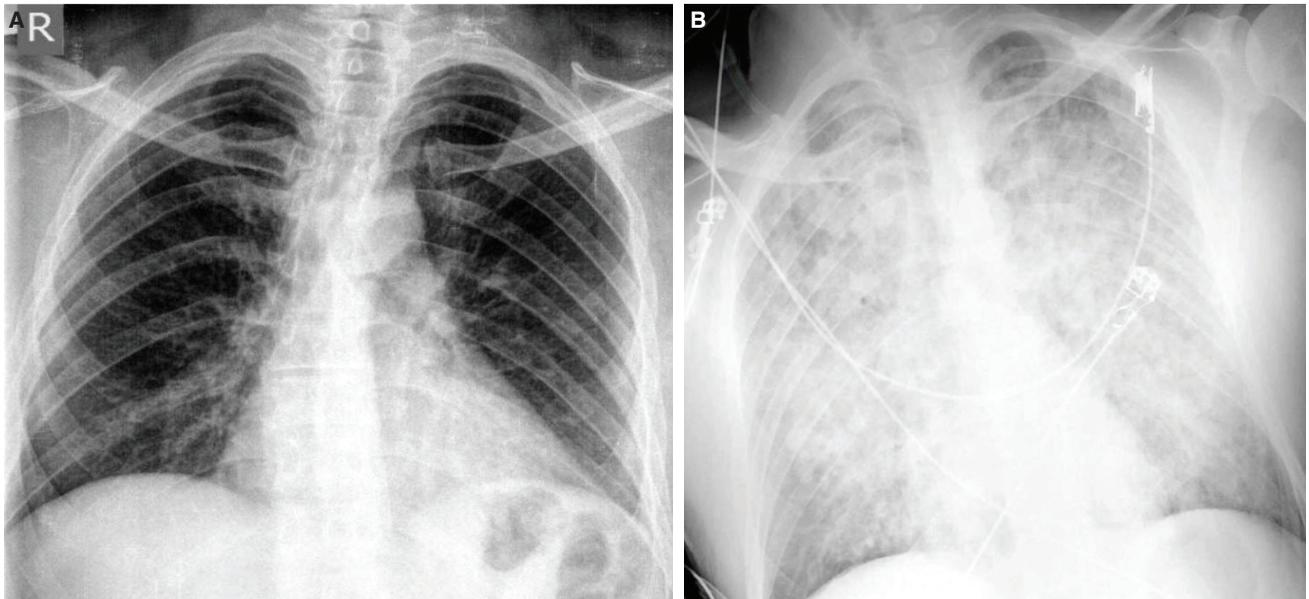
Akut koroner sendromlu hastalarda gözden kaçan bir tanı: Tirofiban aracılı alveolar hemoraji

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A 42-year-old male patient was admitted to hospital with anterior ST segment myocardial infarction (STEMI). Following administration of 7500 units UFH, 300 mg ASA and 600 mg clopidogrel, the patient underwent a primary percutaneous coronary intervention

for occlusion of the left anterior descending artery. Unfortunately, no-reflow occurred after direct stenting with a BMS. Accordingly, tirofiban infusion was initiated in the catheterization laboratory. Ninety minutes after administration of tirofiban, the patient became severely dyspnoeic with low PaO₂ levels and haemoptysis despite 100% O₂ support. A chest X-ray revealed diffuse alveolar shadowing (Figure A). On the presumption of left ventricular failure, he was treated with intravenous (IV) furosemide, but became progressively hypoxic. Soon after, the patient

required mechanical ventilation support. During intubation, large amounts of bright red blood were seen in his airway. Hemoglobin level declined from 14.4 g/dL to 10.9 g/dL. Tirofiban infusion was ceased and IV protamine administered, with clopidogrel and acetylsalicylic acid both continued. 24 hours after cessation of tirofiban infusion, bleeding from the endotracheal tube terminated gradually. The diffuse alveolar shadowing was diminished at the chest X-ray performed before extubation (Figure B). In light of the X-ray signs and the termination of bleeding soon after cessation of tirofiban, alveolar hemorrhage (AH) was considered the most probable diagnosis. However, it should be kept in mind that, in addition to unfractionated heparin (UFH), any antiplatelet drugs might have induced hemorrhage in this patient. In addition, bronchoalveolar lavage and pathological examination of the sample is obligatory for accurate diagnosis of AH. Nevertheless, in the present case, the sudden clinical improvement in the patient and the latter chest X-ray gave rise to the most probable diagnosis of AH.



Figures– (A) Chest X-ray following tirofiban administration showing diffuse alveolar infiltrates mimicking pulmonary edema. **(B)** Three days after Tirofiban infusion, alveolar infiltrates have disappeared on chest X-ray.