

PATIENT MANAGEMENT WITH ARTERIOVENOUS THROMBOTIC MANIFESTATION AND HEMORRHAGIC COMPLICATIONS.

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Background: Patient management with high thrombotic risk on both arterial and venous territory, united with bleeding risk, remains as complex as possible to evaluate in clinical practice.

We can think about what the correct therapeutic choice is to safeguard the patient on the arterial and venous side.

Methods: Man of 66 years old arrives to optimize his drug therapy. He has a heterozygous mutation of MTHFR C677T gene and the PAI I 4G/5G gene. Although in genotype not particularly predisposing to thrombotic risk, his medical history reports a subocclusive thrombosis of the splenic vein with intraparenchymal involvement in the 2024, treated with EBPM at the dosage of 6000 UI every 12 hours for about three months, then replaced by Edoxaban at the dosage of 60 mg every 24 hours.

During this treatment, the patient has an ischemic accident in the subcortical cortical site in January 2025, following this, the patient interrupts the therapy with edoxaban and starts an antiplatelet therapy with Clopidogrel and acetylsalicylic acid at the dosage respectively of 75 mg and 100 mg every 24 hours. The patient carries out this more aggressive therapy for a few months, subsequently it is decided to

switch to only acetylsalicylic acid at the dosage of 75 mg every 24 hours and to reintroduce edoxaban at the dosage of 60 mg every 24 hours.

However, the patient also has a pronounced hemorrhagic phenotype due to his metabolic liver disease complicated by portal hypertension and from the presence of gastric varicose veins of degree IGVI, condition in itself with potential bleeding risk. In addition to a recent colonoscopy active bleeding was detected in the intestinal diverticula.

Results: Since there is a marked bleeding risk in the face of the overt thrombotic risk, we proceeded to reconfirm the therapy with acetylsalicylic acid a dose of 75 mg once a day, it is then decided to replace edoxaban with apixaban at the dose of 2.5 mg twice a day. We proceed with this decision in the face of the numerous studies that prove the lower bleeding risk in the use of Apixaban compared to other DOACs.

Conclusions: At follow up carried out after 4 weeks, no bleeding was detected, stable blood chemical values, the patient also performs a virtual colonoscopy resulting in a negative result of acuteness, the thrombotic outcome in the splenic vein remains sonographically stable.

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