

Eptifibatide-Induced Acute Profound Thrombocytopenia

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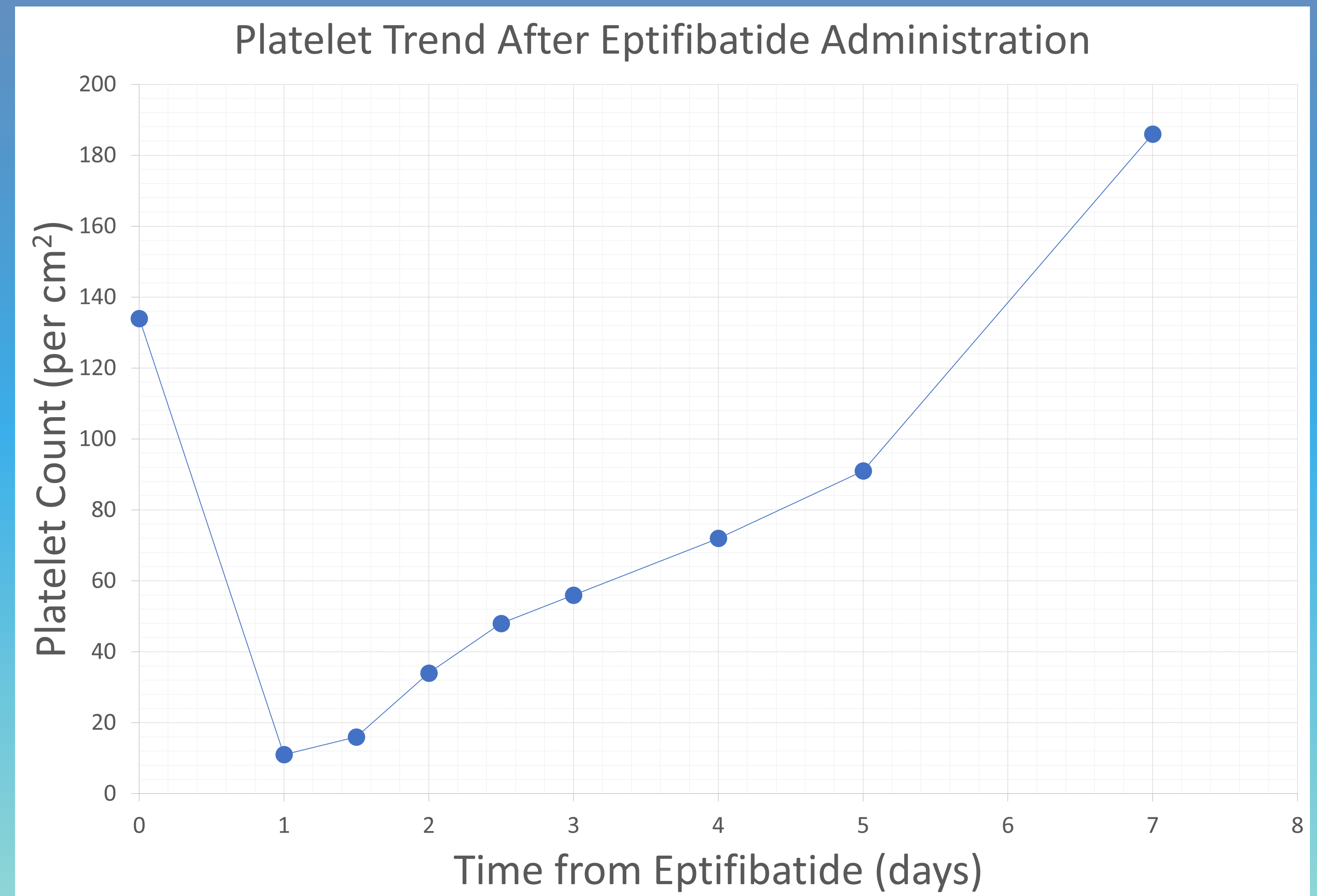
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INTRODUCTION

- Severe thrombocytopenia is rarely associated with eptifibatide.
- We present a case of profound thrombocytopenia after infusion of eptifibatide during catheterization for acute coronary syndrome.

PRESENTATION

- 67-year-old male with history of heart failure with mildly reduced ejection fraction, atrial fibrillation, ERSD on dialysis was admitted to the hospital after syncope.
- He developed a wide complex tachycardia during admission requiring defibrillation. He underwent percutaneous coronary intervention (PCI) and stenting of the left anterior descending artery with intra-op use of eptifibatide. Platelets dropped from 134,000/cm² to 11,000/cm² the morning after the procedure.
- All other cell lines remained stable. A peripheral smear was reviewed showing large platelets and no schistocytes. Given the overall timing, no signs of bleeding, hemolysis, or coagulopathy, the clinical picture was most consistent with eptifibatide-induced thrombocytopenia.
- All antiplatelet and anticoagulant agents were held out of concern for bleeding. After further consideration, Plavix was reinstated 24 hours after the procedure due to high risk of in-stent thrombosis and potential subsequent complications. Platelet count continued to uptrend to 184,000/cm² within 6 days. Eliquis was restarted. Outpatient follow-up revealed stable recovery of platelets.



DISCUSSION

- Overall incidence of eptifibatide-induced acute profound thrombocytopenia is reported to be from 0.1-1.0%. It is an uncommon complication occurring within 24 hours of drug administration.
- The mechanism of thrombocytopenia is unclear however both antibody-dependent and -independent theories have been proposed. The fact that our patient had no prior exposure to eptifibatide would be more in favor of an antibody-independent mechanism. Treatment is largely supportive with stopping the offending drug and transfusing platelets if there is evidence of spontaneous bleeding.

CONCLUSION

- Drug-induced acute profound thrombocytopenia is a notable complication that deserves awareness as its diagnosis changes clinical management. In the context of PCI and eptifibatide, this is particularly important as withholding antiplatelet therapy can lead to devastating consequences.

REFERENCES

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