

## A case of peripheral artery occlusive disease occurred despite bridging anti-coagulation therapy

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**Introduction:** Patients using anticoagulants are at high risk of gastrointestinal bleeding, necessitating cessation of anticoagulation during active bleeding events and prompt resumption after bleeding stops. This report presents a case of acute brachial artery embolism during heparin bridging therapy instead of using NOACs due to a gastrointestinal bleeding event.

**Case:** An 89-year-old man presented with melena and dizziness. Vital signs were within normal range, and mental status was alert. Laboratory results revealed hemoglobin level of 6.5g/dL. He has been taking dabigatran for 5 years due to history of atrial fibrillation and right brachial artery embolism. He also has been taking aceclofenac because of knee pain. Dabigatran was discontinued upon admission and urgent endoscopy was performed. Gastroscopy and colonoscopy revealed no definite bleeding focus, so small bowel evaluation using capsule endoscopy was performed, and enoxaparin was prescribed. On the 8th day of hospitalization, he suddenly felt left arm pain, weakness and tingling sensation. His left thumb, index, and middle fingers looked pale and radial pulse was weak. Brachial artery occlusion was observed on CT scan, along with reduced blood flow in the ulnar and radial arteries. Emergency embolectomy was performed resulting in complete symptom improvement. He was discharged on apixaban without any sequelae.

**Discussion:** This case highlights the occurrence of arterial embolic occlusion despite heparin bridging therapy in lieu of NOACs. Therefore, the risk of embolism must be considered when discontinuing anticoagulants even if using heparin, and prompt evaluation and appropriate measures should be taken upon the onset of symptoms suggesting the occurrence of embolism.

Figure 1.

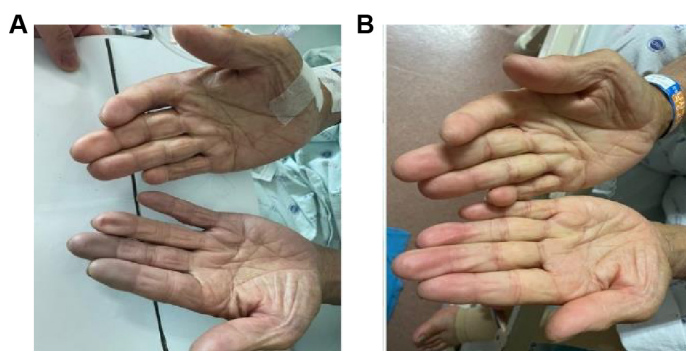


Figure 1. Clinical pictures of left hand showing cyanotic change and paleness (Fig. 1A) and left hand after embolectomy (Fig. 1B)

Figure 2.



Figure 2. Emboli removed from left brachial artery