ABSTRACT

We describe a case of hemorrhagic pericardial effusion and cardiac tamponade in the context of Apixaban use.

RESULTS

A 69-year-old Caucasian female with a past medical history of paroxysmal atrial fibrillation, low complement 4 cutaneous vasculitis, hypertension, and morbid obesity. She presented to the emergency department with a complaint of 4-day history of dyspnea, decreased urine output, nausea, vomiting, and epigastric pain. Physical exam showed increased blood pressure (73/48 mmHg), heart rate was 100 bpm. Lung sounds were clear and heart auscultation revealed an irregular rhythm without any other abnormality. Pertinent lab findings: hemoglobin of 7.9 g/dL, hematocrit of 23%, serum potassium of 5.9 mEq/L. Transthoracic echocardiogram (TTE) showed circumferential pericardial effusion with echocardiographic signs of tamponade. The largest diameter of left atrial appendage (LAA) ostium of 35 mm without a clot. She is planned to have an elective Watchman device insertion.

Figure 1: Chest X-ray showing increased cardiac silhouette and pulmonary venous congestion.

Figure 2: Echocardiogram / ubcostal view showing circumferential pericardial effusion and right ventricular collapse.

DISCUSSION

Hemorrhagic pericardial effusion is a rare complication of NOACs. However, it remains significant given the huge volume of patients using these medications. Apixaban has the least renal clearance among NOACs and is potentially safer. However, life-threatening hemorrhage remains a feared complication.

Pericardiocentesis is the first-line of management of cardiac tamponade. Andexxa is a recombinant factor Xa inhibitor that is approved to reverse anticoagulation in Rivaroxaban or Apixaban-induced bleeding. Idarucizumab can also be used to reverse Dabigatran-induced bleeding.

REFERENCES


