中文題目：左主幹冠狀動脈狹窄表現急性冠狀動脈症候群伴隨異常子宮出血
英文題目：Left main stenosis and acute coronary syndrome associated with abnormal uterine bleeding
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Background:

Unstable angina (UA) is an acute coronary syndrome. Left main (LM) disease may occur in patients with acute coronary syndrome (ACS) and need early revascularization and intensive medical treatment including dual antiplatelet agents. Antiplatelet therapy may induce or exacerbate bleeding. In he presence of active bleeding antiplatelet agents are contraindicated. In the absence of dual antiplatelet therapy coronary revascularization with intervention is dangerous. Coronary Stent thrombosis may develope if dual antiplatelet is withdrowed for active bleeding. Most common bleeding site in ACS is GI tract. Uterine bleeding is rarely mentioned in ACS. Here we report a case of ACS and left main disease who report prolonged and profuse uterine bleeding since starting aspirin use.

Material and methods: case report and literature review

Results:

A 48 years-old female patient visited emergency for first episode of resting chest tightness in the night and recurrent effort chest tightness on doing walking activity 2 weeks. She had had uncomplicated diabetes , hyper-triglyceridemia and hypertension for several years and she had received regular medical treatment and follow up. There was strong family history of CAD and coronary intervention. The emergency check up: bp 156/88 mm Hg, heart rate 90 /min, EKG : non-specific ST-T changes and high sensitivity troponin-I : 46.6 pg/ml.(<26.2pg/ ml) She reported to have no menstruation for 3 months before the visit. Chest tightness improved after nitroglycerin sublingual application.Medical treatment with low dose aspirin 100mg per day and beta-blocker propranolol 10mgchest three times a day was started . Cardiac stress test with thallium perfusion scan was done. The perfusion scan showed positive result for anterior wall myocardial ischemia. However she reported to have heavy , prolonged menstruation since the use of aspirin. She withdraw the aspirin temporally but the heavy menstruation persisted. For the sake of recurrent chest tightness aspirin was restarted soon. Gynecology Dr gave her estrogen

and progesterone for control of heavy menstruation which was diagnosed as dysfunction uterine bleeding after detailed evaluation. Urgency cardiac catheterization was done after control of uterine bleeding. Precath EKG showed ST segment depression at multiple precordial leads and mild anemia was noted. Percutaneous coronary intervention (PCI) was done at hoc with drug eluting stent implantation for severe left main and left anterior descending artery stenosis. There was transient chest tightness and high hsTNI after PCI. The post-discharge course was smooth. No bleeding was noted to dual antiplatelet therapy, even after dc hormone therapy.

Discussion:

Rupture or erosion of coronary artery atheroma may expose the flowing blood to the prothrombotic content of the atheroma. Platelet may be activated and white thrombus formation may be triggered. Thrombus formation in the coronary artery and non-total occlusion of the coronary arterial tree resulted in non-ST elevation acute coronary syndrome. (Non-STE ACS). Dual antiplatelet therapy has been proved to improve the outcome of ACS as compared with aspirin only in clinical trial and is recommended in patients with ACS either treated with CABG, PCI or medication only according to evidence base.

Unplaned disruption of DAPT after coronary stenting may increase the risk of cardiac death with RR 1.68, and stent thrombosis RR 2.58 in the PARIS registry , esp within 30 days after procedure. The reasons of DAPT disruption include the unplaned surgery, bleeding caused by DAPT etc. In PARIS registry 14.4% of 5031 subjects had DAPT disruption. SWEDIS drug event reporting system indicated the prevalence of bleeding reports was higher in women taking clopidogrel. In ACUITY trial for ACS GI bleeding occurred in 1.3% of patients and was associated with significantly higher rate of stent thrombosis and higher mortality. In a recent literature DAPT indicated to coronary stent implant was reported to increased uterine bleeding in women but otherwise the use of combined oral contrceptives to reduce menstrual bleeding was contraindicated in ischemic heart disease for increased thrombosis.

Conclusion:

Abnormal uterine bleeding may be encountered in female patient of ACS. For the prevention of unexpected withdraw of DAPT due to bleeding event in patient of ACS receiving PCI , early and effective control of uterine bleeding prior to PCI in ACS patient with dysfunctional uterine bleeding is quite necessary and important.