



LETTER TO THE EDITOR

Response to: Management of prosthetic valve thrombosis complicated by ischemic stroke in pregnancy



Resposta a: Tratamento da trombose de prótese valvular complicada por acidente vascular cerebral isquémico na gravidez

To the Editor,

We have read with great interest the comments made by Guner et al. regarding our article, "A pregnant woman with a prosthetic mechanical valve".¹ We appreciate the merits of their research on thrombolysis in pregnant women,² in patients with obstructive and non-obstructive prosthetic valve thrombosis. Still, we believe that their findings do not apply to our patient's clinical condition.

As assessed by the neurologist, the patient had mild neurological deficits at the first admission, with mild right hemiparesis (grade 4/5) and mild dysarthria, with coherent speech. Given her low NIH Stroke Scale score, she was not considered a candidate for stroke thrombolysis.

From the cardiology/cardiac surgery perspective, given her history of recent inadequate anticoagulation and the presence of non-obstructive thrombosis, thrombolysis was not considered the first treatment option. She was managed according to the recently revised European recommendations,^{3,4} in which optimal anticoagulation is recommended as a first choice. She evolved favorably at that time, with progressive decrease in size and mobility of thrombi. The patient's subsequent evolution, with a right middle cerebral artery infarction in the third trimester of pregnancy, was associated with fetal suffering and need for an emergent cesarean section, which contraindicated stroke thrombolysis at that time.

In summary, we feel that, as studied by our colleagues, low-dose thrombolysis could be an important treatment option in patients with obstructive left-sided prosthetic valve thrombosis or with non-obstructive disease that persists under optimal anticoagulation.

Conflicts of interest

The authors have no conflicts of interest to declare.

References

1. Morgado GJ, Cruz RI, Gomes AC, et al. A pregnant woman with a prosthetic mechanical valve. *Rev Port Cardiol.* 2019. pii:S0870-2551(17)30192-0.
2. Özkan M, Çakal B, Karakoyun S, et al. Thrombolytic therapy for the treatment of prosthetic heart valve thrombosis in pregnancy with low-dose, slow infusion of tissue-type plasminogen activator. *Circulation.* 2013;128:532–40.
3. Vahanian A, Alfieri O, Andreotti F, et al. Joint Task Force on the Management of Valvular Heart Disease of the European Society of Cardiology (ESC); European Association for Cardio-Thoracic Surgery (EACTS) Guidelines on the management of valvular heart disease (version 2012). *Eur Heart J.* 2012;33:2451–96.
4. Baumgartner H, Falk V, Bax JJ, et al. ESC Scientific Document Group 2017 ESC/EACTS Guidelines for the management of valvular heart disease. *Eur Heart J.* 2017;38:2739–91.

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