

Title: Safety of Combined Low-Dose Aspirin and Warfarin Versus Warfarin Alone in Patients with a Mechanical Prosthetic Heart Valve

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Despite appropriate anticoagulant therapy, annual risk of thromboembolic events is 1-2% in mechanical heart valve patients. While adding antiplatelet reduces risk of thrombosis, bleeding also increases without consistent international recommendations. Therefore we conducted this study to compare incidence of bleeding and thrombosis in mechanical heart valve patients receiving warfarin with or without aspirin. This was a retrospective study on bleeding and thrombosis events in post mechanical heart valve surgical patients in Maharaj Nakorn Chiang Mai Hospital during 2004-2014, excluding patients who have other indication for antiplatelet. Propensity-scored adjusted analysis was performed to compare these incidences. A total of 106 and 280 patients were randomly selected in combination group and warfarin alone group respectively. With median follow-up time 5.69 years, the incidence of overall bleeding was significantly higher in combination group (hazard ratio;HR 2.44 (1.46-4.06), P=0.001), while major bleeding was not significant different (HR 2.51 (0.76-8.30), P = 0.131), after stratified by age, site of prosthetic valve, and coronary heart disease and time in therapeutic range (TTR). The thromboembolic events occurred only in five patients in this study. In conclusion, the combination of low-dose aspirin plus warfarin resulted in a higher incidence of total bleeding but not in major bleeding in mechanical prosthetic heart valve patients. There were few thromboembolic events in both groups.

Biography

Lalita Yongsmith has completed her Bachelor degree, 1st Class Honors at the age of 24 years from Chulalongkorn University and postdoctoral studies (internal medicine residency and cardiology fellowship) from Chiang Mai University. She is the staff and lecturer in Maharaj Nakorn Chiang Mai Hospital, Chiang Mai University. She has 2 international publications and 1 still in review.

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