

RCPE Contemporary and Futuristic Cardiology

28th October 2021

Case presentation - diabetic, mechanical valve, cerebral haemorrhage - Dr Mohamed Anwar

Q. In hindsight, do you think lowering the INR was needed?

A. Thank you for your question. This depends on whether you think that her INR was in the suggested range prior to admission or not. We unfortunately do not have this information. I think lowering the INR was justified (her valve prosthesis type is not considered highly thrombogenic) but clearly, she is in the high-risk category for both thrombo-embolic risk and bleeding. My impression is the likely cause of her subsequent stroke was a period of sub-therapeutic INR prior to admission which led to this event. This could be due to alcohol or other drug use with warfarin which led to a short period of a lower INR than preferred. If we had clear evidence that her INR was in range then indeed, we can accept that lower INR range was not the correct decision.

Lastly, I think this a good case where point of care testing at home would be useful with a period of more intense monitoring of INRs given the high risk nature of this case to ensure that a period of sub-therapeutic INRs does not go undetected. This information would be very useful in subsequent management scenarios!