An 80-year-old female with postinfarction ventricular septal defect was transferred to our institution. She had been anticoagulated with unfractioned heparins for 3 days since the infarction occurred. Forty-two hours after admission the patient developed a thrombosis in the left forearm (Fig. 1) and embolization in the front of her right foot (Fig. 2). A platelet count revealed a decrease from 1193/ml to 143/ml. Heparin-induced thrombocytopenia, type II (HIT II), was suspected and anticoagulation was immediately changed to r-hirudin. Laboratory investigation of the heparin/platelet factor 4 ELISA and heparin-induced platelet aggregation assay (HIPAA) confirmed the diagnosis of HIT II. The platelet count increased during therapy with r-hirudin to 1503/ml within 2 days. Because of hemodynamic deterioration, the postinfarctional VSD was closed with a Dacron patch and the left anterior descending artery revascularized with a venous graft. The anticoagulation during cardiopulmonary bypass was performed with r-hirudin and monitored by measurement of the ecarin clotting time. The immediate postoperative course of the patient was uneventful.
Fig. 2. Embolization in the front right foot.