On the basis of the available data, we provide suggestions on current indications of antiplatelet therapy for cardiovascular prevention in women with different clinical features (see Supplementary material online, Summary Boxes). As the mean percentage of women included in randomized trials evaluating cardiovascular outcomes with the use of antiplatelet drugs has not changed in the last 20 years (~30%), it is urgent to include more women in such trials in order to produce strong evidence-based recommendations on the topic.

Supplementary material

Supplementary material is available at European Heart Journal online.

References

The list of references is available in the online version of this paper.

CARDIOVASCULAR FLASHLIGHT

A stabbed aorta!

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A 39-year-old multi-morbid skinny patient needed a permanent catheter implantation via the left jugular vein. After insertion of the sheath (S) pulsatile light-red blood-backflow was observed suggesting arterial injury. The sheath was left in place and the patient was referred to our centre. Computed tomography revealed a double penetration of the aorta with the sheath entering the arch [next to the innominate artery (IA)] and exiting in the right lateral ascending aorta (A) (Panels A–E). Emergency surgery was scheduled. After a median sternotomy cardiopulmonary bypass was established via the right subclavian artery and the right femoral vein. The aorta was carefully exposed to identify the penetration sites of the sheath. Antegrade cerebral perfusion was initiated at 28°C. Transverse incision of the aorta was performed from the entry to the exit point of the sheath (Panel F). After partial sheath withdrawal the aorta was sutured by a direct running double-layer suture. While rewarming the sheath was removed completely. The patient’s recovery was uneventful and he was discharged on the fifth day after surgery.

Our case highlights that incidental implantation of sheaths into the aorta represents a rare, but potentially dangerous complication of central venous catheter insertions especially in skinny patients. The first step of management includes the re-insertion of the sheath preventing the patient from exsanguination followed by appropriate emergency imaging. The second step includes a multidisciplinary team approach in order to determine the ideal treatment option depending on the site and the extent of the injury and patient’s morbidity (percutaneous vs. surgery).

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