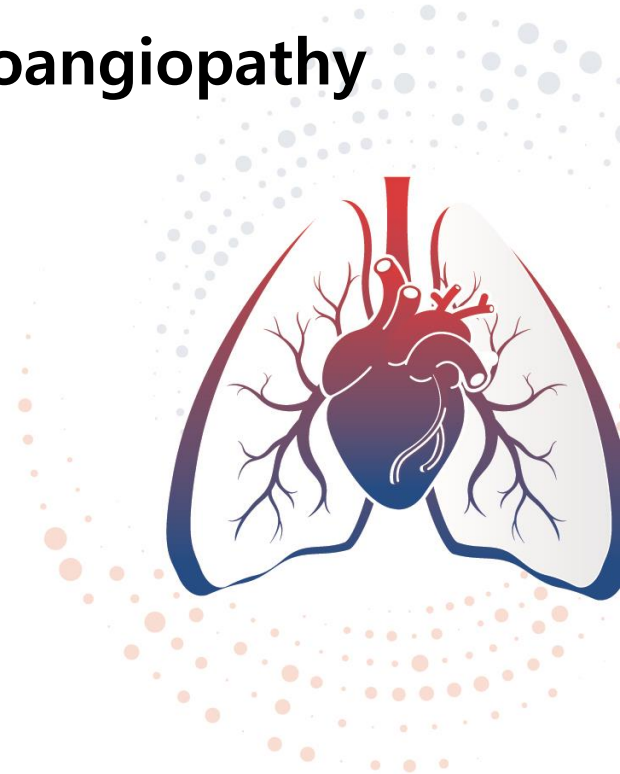


2023 대한심장혈관흉부외과학회

제55차 추계학술대회 & APELSO 2023

2023. 11. 02 (Thu) - 11. 04 (Sat), 그랜드 인터컨티넨탈 파르나스 서울

Early plasmapheresis for patient with Thrombotic microangiopathy After aortic surgery



- Thrombotic microangiopathy(TMA) is a clinical syndrome based on microangiopathic hemolytic anemia, thrombocytopenia and consequent organ damage.
- TMA is rare and fatal cause of thrombocytopenia after aortic surgery.
- We present a case of TMP which was treated with plasmapheresis after aortic surgery

- A 67 years patients with bicuspid aortic stenosis and ascending aortic aneurysm was underwent aortic valve replacement with 25mm Edwards Inspiris Resilia tissue valve and ascending aorta replacement.
- After surgery, it was occurred thrombocytopenia, anemia, acute kidney injury(AKI), but we thought that the cause was bleeding(amount of bleeding was over 1,000cc for 12 hours)
- But, thrombocytopenia and anemia was not recovered after transfusion, and AKI was worsening after renal replacement therapy
- So, we examined for thrombotic thrombocytopenic purpura, but we diagnosed TMA and started plasmapheresis.

- After five days of plasmapheresis, platelet count was recovered, but dialysis for AKI for 4 weeks.
- After 4 weeks of surgery, patient was discharged and was followed up in out patient department.

- TMA, which is characterized by microangiopathic hemolytic anemia, organ failure, and thrombocytopenia, should be treated with plasmapheresis that needs to be differentiated, such as TTP and HUS, but the clinical course of the patient deteriorates rapidly.