

## 15. DENGUE FEVER IN PATIENTS ON ANTITHROMBOTIC THERAPY <sup>140</sup>

A significant number of patients with cardiac ailments would be on long term anti-coagulants/antithrombotic treatment. Management of these patients, in case of dengue virus infection, needs careful considerations. Risk of significant bleed during DF may be compounded by anticoagulation/antithrombotic treatment. While hemoconcentration and rising HCT can be prothrombotic.

From the perspective of clinical management the need of anti-coagulation / antithrombotic treatment could be obligatory in high risk group and non-obligatory in the low risk group.

As a general rule acetyl salicylic acid should be avoided in patients with DF because of worsening of complications from thrombocytopenia and bleeding – unless patient is at a high risk of thromboembolism.

### High risk patients - need of anti-coagulation obligatory:

Following group of patients have high risk for thrombotic complications:

1. Patients with recent coronary angioplasty with stent placement (one month for bare-metal stents and three to six months for drug-eluting stents)
2. Patients with mechanical valve prostheses, particularly in the mitral or tricuspid positions,
3. Patients with chronic atrial fibrillation (CAF), previous history of thromboembolism or with more than one mechanical valve.
4. CAF patients with multiple risk factors for thrombo-embolism (ventricular dysfunction, increased age, hypertension, diabetes, valvopathy, previous stroke, or intra-cavity thrombus).

For this high risk group the antiplatelet treatment may be continued.

### High Risk patients already taking **anti-platelet therapy**:

- For patients who are at a high risk of thrombo-embolic event and are already using clopidogrel and aspirin **these drugs should be continued.**
- Stop in case of significant bleeding.

**High Risk patients needing obligatory anti-coagulation:**

- In patients using warfarin, the current recommendation is to withhold it and perform serial platelet and coagulation monitoring.
- As soon as the INR is below the therapeutic range introduce heparin to keep INR within the desired range - continue serial platelet and coagulation monitoring.

**Even in these High Risk patients –  
All anti- coagulants should be withheld if:**

- Platelet count falls below 50,000/mm<sup>3</sup>
- There is clinical or laboratory evidence of bleeding
- Patient is in shock.

**Low risk patients - need of anti-coagulation non-obligatory:**

These patients exhibit minimal short term risk for thrombo-embolic event:

1. Stable coronary artery disease patients
2. Patients with coronary angioplasty with a stent emplacement more than six months previously
3. Chronic Atrial Fibrillation patients without additional risk factors (or with a single risk factor) for thromboembolic event;
4. Patients with biological valve prosthesis

Current recommendation for the low risk group is to withhold aspirin and consider withholding clopidogrel and warfarin for one week.