

# Caso clinico: Stroke cardioembolico post-CVE

Donna

62 anni

Ipertensione arteriosa

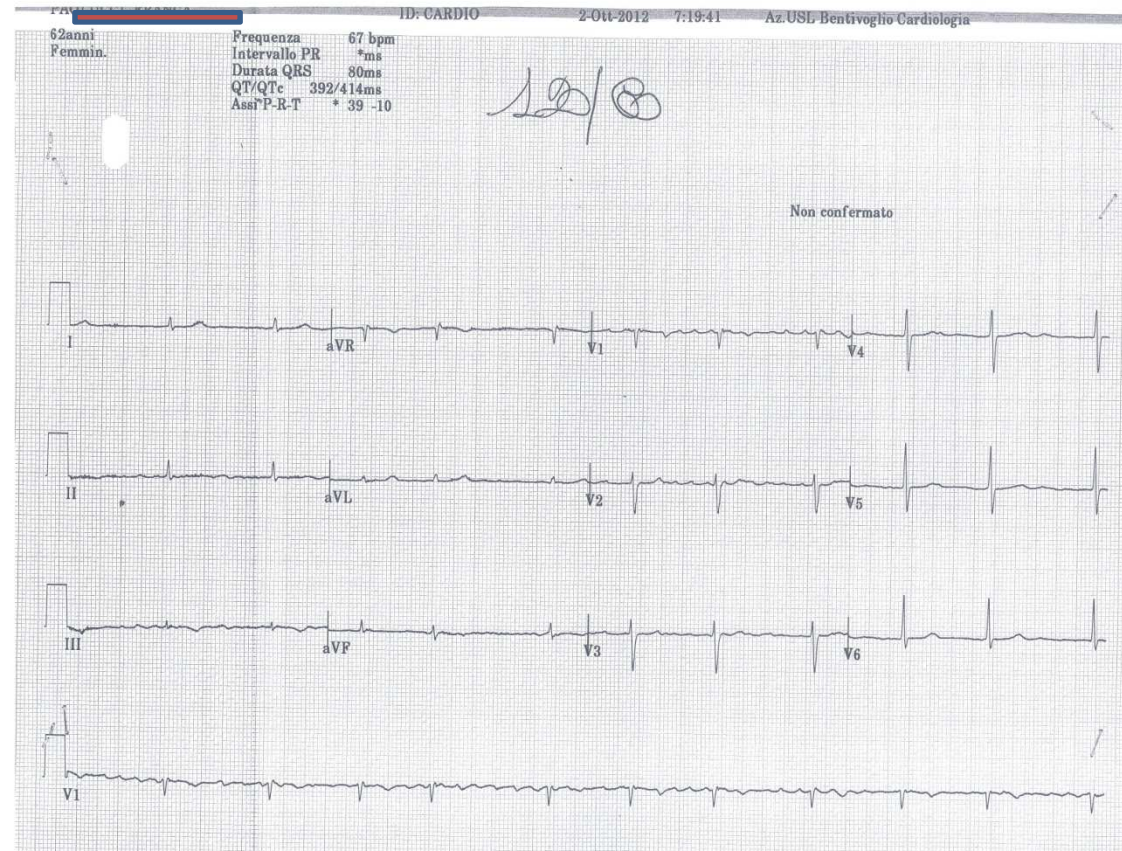
Diabete mellito

Storia di fibrillazione atriale prx/prst

Ecocardiografia: normale, FEVsn 63%

Terapia:

- Beta-bloccante
- ACE-inibitore
- Amiodarone (pre-trattamento x CVE)
- Antidiabetico orale
- TAO cronica (CHADS<sub>2</sub>VA<sub>2</sub>Sc=3)



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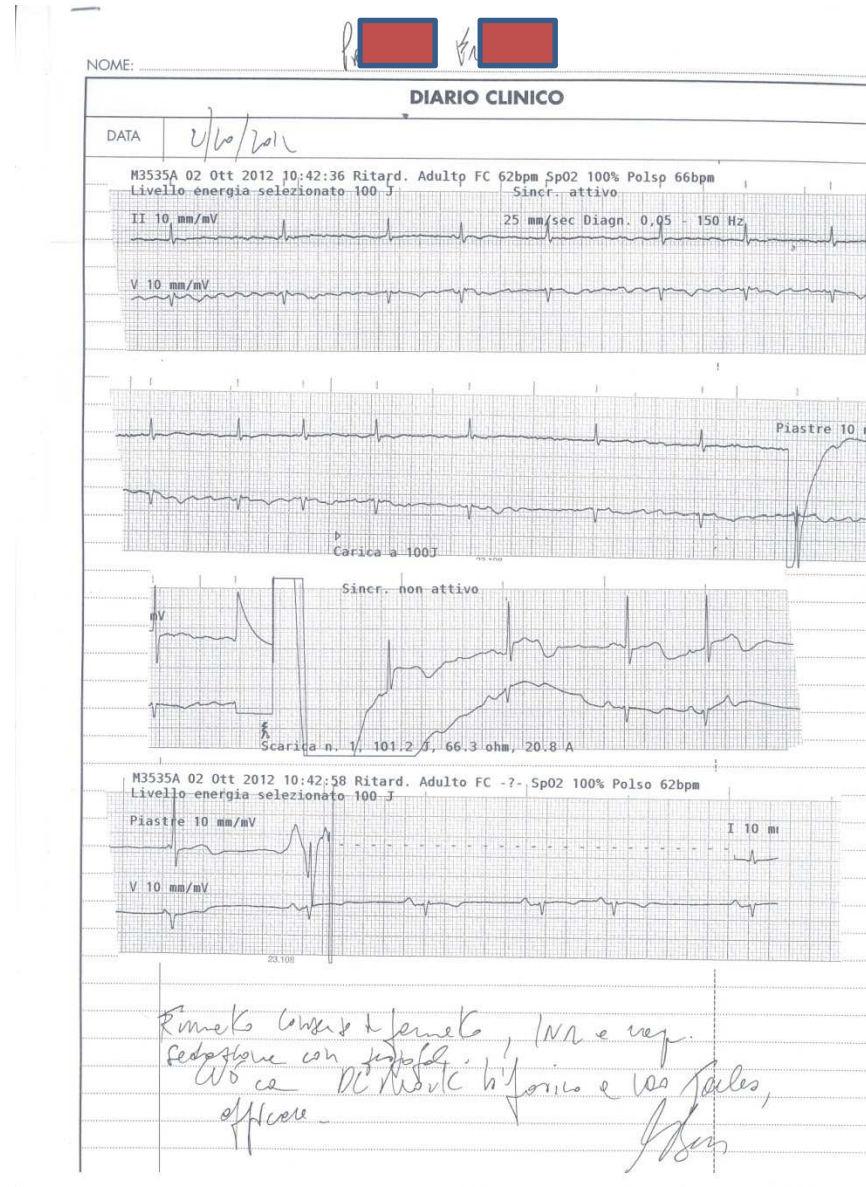
CVE in regime di DH cardiologico

INR (2/10/2012, ore 7): 2.3

Efficace al primo tentativo con shock  
bifasico a 100 J

Dimessa nel pomeriggio senza  
complicanze periprocedurali

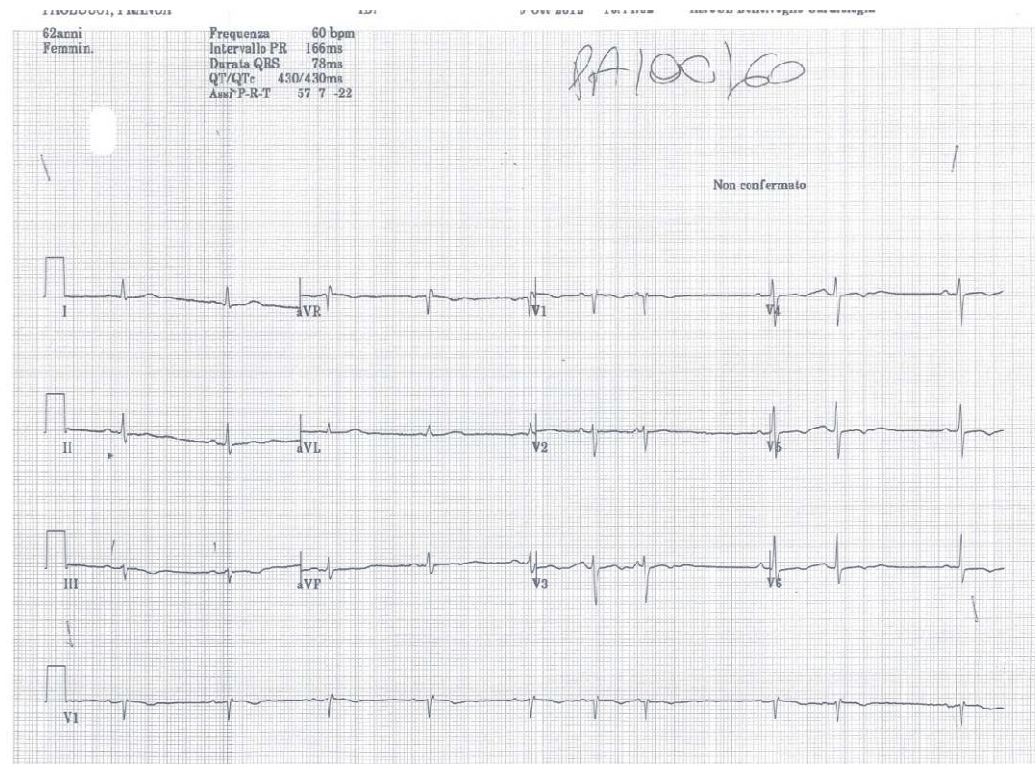
Ritmo sinusale a 50 bpm



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Dopo 4 giorni dalla CVE stroke ischemico; INR 2.1:

ECG: ritmo sinusale a 61 bpm



TAC cerebrale



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Stampa su: venerdì 19 ottobre 2012 10.27.57  
 Computer: PC021270  
 Utente: cardio

PARMA 5.8 - B. Bresciani (BRE)

Prescrizione

O	Cognome	Nome	MI	Sesso	Data di Nascita	Min	Targ	Max	Arr	S	Fine Terapia
	PRESINI	LIBERA		F	09-08-1923	2.5	3.0	3.5		OO	
	PRESTI	ADELMA		F	30-01-1947	2.0	2.5	3.0		OO	
	PRESTI	BERNARDINA		F	07-06-1929	2.0	2.5	3.0			05-10-2006
	PRESTI	FULVIO		M	12-04-1962	2.0	2.5	3.0	TVP		22-07-2012

12431600 - Età: 62  
Cod. XMPI: 506750

Data	Dr.	Sec	INR	Farmac	Dos Sett	Dos Gior	1*	Note	Oss	Rep	Controllo
20-04-2012		0.0	1.00	COU	0.00	4					24-04-2012 1
24-04-2012	AMU	0.0	2.40	COU	0.00	2 2 2	4 4 4	MAN			27-04-2012 1
27-04-2012	LOF	0.0	2.57	COU	0.00	2 2 2	2 2 2	MAN			03-05-2012 1
03-05-2012	AMU	0.0	2.32	COU	17.50	2 2 2	2 2 2	MP			10-05-2012 1
10-05-2012	AMU	0.0	3.15	COU	16.25	2 2 2	1 2 2	MP			24-05-2012 1
24-05-2012	SER	0.0	2.12	COU	17.50	2 2 2	2 2 2	PS			14-06-2012 1
06-06-2012	SER	0.0	2.37	COU	17.50	2 2 2	2 2 2	PS			27-06-2012 1
27-06-2012	SER	0.0	1.26	COU	22.50	3 2 3	3 2 3	5 MP20			04-07-2012 1
04-07-2012	LOF	0.0	1.78	COU	23.75	3 2 3	3 2 3	4 PS25			18-07-2012 1
18-07-2012	LOF	0.0	2.07	COU	25.00	3 3 3	2 3 3	3 PS24			01-08-2012 1
30-07-2012	BRE	0.0	2.30	COU	25.00	3 3 3	2 3 3	OK			27-08-2012 1
27-08-2012	SER	0.0	2.96	COU	23.75	3 2 3	3 2 3	PS			17-09-2012 1
17-09-2012	SER	0.0	2.88	COU	23.75	3 2 3	3 2 3	PS			08-10-2012 1

Windows taskbar: Start, Galleo - Windows Intern..., Galleo [ BNT-Day Hospit..., PARMA 5.8 - B. Bresc..., Documento1 - Microsoft ...

# Cardioversion recommendations

Recommendation	Class	Level
For patients with AF of $\geq 48$ hour duration, or when the duration of AF is unknown, OAC therapy (e.g. VKA with INR 2–3 or <b>dabigatran</b> ) is recommended for $\geq 3$ weeks prior to and for $\geq 4$ weeks after cardioversion, regardless of the method (electrical or oral/i.v. pharmacological)	I	B
In patients with risk factors for stroke or AF recurrence, OAC therapy, whether with dose-adjusted VKA (INR 2–3) or a NOAC, should be continued lifelong irrespective of the apparent maintenance of sinus rhythm following cardioversion	I	B