



CR61**Pituitary apoplexy in a patient with atrial fibrillation as a side effect of dabigatran treatment**Dora Cvrtila^a, Tina Dušek^b^a School of Medicine, University of Zagreb^b Department of Endocrinology, University Hospital Centre ZagrebDOI: <https://doi.org/10.26800/LV-144-supl2-CR61> Dora Cvrtila 0000-0001-7335-2267, Tina Dušek 0000-0002-1266-3501

Keywords: apoplexy, atrial fibrillation, dabigatran, NOACs

INTRODUCTION/OBJECTIVES: Atrial fibrillation (AF) is the most common heart rhythm abnormality usually present in elderly population significantly increasing the risk for thromboembolic incidents and therefore requiring the long-term treatment with anticoagulant agents. In the last decade, novel oral anticoagulant drugs or NOACs such as dabigatran, apixaban and rivaroxaban have taken over warfarin's role in patients with high risk of blood clotting. They are non-peptide, thrombin or coagulation factor Xa inhibitors, consequently patients do not need to control their INR.

CASE PRESENTATION: In this report we present a 74-year-old female patient who came to the Department of Endocrinology, KBC Zagreb, with hand tingling and progressive deterioration in vision acuity on her right eye. After a head CT, a nonfunctional pituitary macroadenoma and previously detected permanent atrial fibrillation were present. The patient suffered pituitary apoplexy with progression to subarachnoid space six weeks after the initiation of treatment with dabigatran. She was successfully treated conservatively with almost complete hemorrhage resorption 3 months after the cessation of anticoagulant treatment without additional surgical interventions.

CONCLUSION: Although NOACs are very effective in blood clot prevention, there seems to be a high risk of major gastrointestinal bleeding, solid tumor complications and other, yet not clearly defined consequences. Therefore, when treating a patient with atrial fibrillation who is at high risk of developing a thrombus, but also has predispositions for continuous active bleeding, anticoagulant therapy should be carefully weighted, and the patient should be frequently followed-up on. A conservative and supportive measures were decided to be the best approach in this case.

CR62**Pregnancy outcomes in women with Fontan circulation**Ozana Miličević^a, Vesna Elvedić Gašparović^b, Iva Barišić^a, Mia Alerić^a, Leo Matijašević^a^a School of Medicine University of Zagreb^b Department of Obstetrics and Gynecology, University Hospital Centre ZagrebDOI: <https://doi.org/10.26800/LV-144-supl2-CR62> Ozana Miličević 0000-0003-0289-3386, Vesna Elvedić Gašparović 0000-0002-0960-3989, Iva Barišić 0000 0003 2964 0901, Mia Alerić 0000-0002-8232-7191, Leo Matijašević 0000-0002-7010-9111

Keywords: cesarean section, Fontan circulation, pregnancy

INTRODUCTION/OBJECTIVES: The Fontan operation is a life-saving procedure performed on pediatric patients diagnosed with univentricular heart disease. The Fontan circulation is established by redirecting blood flow directly to the pulmonary circulation without passing through a ventricle. As more women with Fontan circulation reach adulthood and become pregnant, it is important to recognize obstetrical risks and provide optimal care for this rare condition.

CASE PRESENTATION: We present a 30-year-old primigravida at 36 weeks gestation who was referred to our hospital because monitoring of a high-risk pregnancy was needed. Her past medical history included tricuspid atresia and hypoplastic right ventricle treated by the Fontan procedure at the age of 4. Women with Fontan circulation are at a higher risk for miscarriage, preterm labor and intrauterine growth restriction. Therefore, team with an obstetrician, cardiologist and anesthesiologist was assembled. During the examination, regular fetal movements were observed, while fetal echocardiography excluded fetal abnormalities. Owing to the uncertainty of vaginal delivery in this case, at 37 weeks gestation a transverse cesarean section was performed in the presence of cardiologist under general anesthesia. A female neonate was successfully delivered and the mother was transported to the intensive care unit in hemodynamically stable state.

CONCLUSION: Systemic venous congestion and fixed cardiac output in Fontan patients is further exacerbated by an increase in oxygen demand during pregnancy. This case illustrates the importance of collaboration between specialists, since a favorable fetomaternal outcome is achievable if it is managed in a specialized center with multidisciplinary approach.

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