Question 24

A 79-year-old man in a rehabilitation hospital is undergoing reconditioning therapy following surgical repair of an abdominal aortic aneurysm one month previously. He develops chest pain and clear electrocardiographic evidence of an acute anterior myocardial infarction. He has a past history of myocardial infarction with a left ventricular ejection fraction (LVEF) of 40%. There is also a past history of peptic ulcer disease 10 years ago; this has been successfully treated and there has been no recurrence of symptoms. His medications include aspirin 325 mg/day, enalapril 10 mg/day and metoprolol 25 mg/day.

Which one of the following factors in this man’s medical history is the strongest contraindication to thrombolytic therapy for his acute myocardial infarction?

A. Age.
B. Aspirin therapy
C. Peptic ulcer disease
D. Previous myocardial infarction with reduced LVEF
E. Recent Surgery

Answer E

Guidelines for the management of acute coronary syndromes 2006


5 Contraindications and cautions for fibrinolysis use in ST-segment-elevation myocardial infarction*

Absolute contraindications

Risk of bleeding
- Active bleeding or bleeding diathesis (excluding menses)
- Significant closed head or facial trauma within 3 months
- Suspected aortic dissection (including new neurological symptoms)

Risk of intracranial haemorrhage
- Any prior intracranial haemorrhage
- Ischaemic stroke within 3 months
- Known structural cerebral vascular lesion (eg, arteriovenous malformation)
- Known malignant intracranial neoplasm (primary or metastatic)

Relative contraindications

Risk of bleeding
- Current use of anticoagulants: the higher the international normalised ratio (INR), the higher the risk of bleeding
- Non-compressible vascular punctures
- Recent major surgery (< 3 weeks)
- Traumatic or prolonged (> 10 minutes) cardiopulmonary resuscitation
- Recent (within 4 weeks) internal bleeding (eg, gastrointestinal or urinary tract haemorrhage)
- Active peptic ulcer

Risk of intracranial haemorrhage
- History of chronic, severe, poorly controlled hypertension
- Severe uncontrolled hypertension on presentation (> 180 mmHg systolic or > 110 mmHg diastolic)
- Ischaemic stroke more than 3 months ago, dementia, or known intracranial abnormality not covered in contraindications

Other
- Pregnancy

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