

SUCCESSFUL BRIDGING ANTICOAGULATION WITH ENOXAPARIN IN NINE PATIENTS WITH END STAGE RENAL DISEASE.

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Background: Therapeutic use of low molecular weight heparins (LMWH) is avoided in patients with ESRD because concerns of accumulation and a higher incidence of bleeding. LMWH has been safely used for anticoagulation in the extracorporeal circuit during dialysis.

Methods: We reviewed the records of 9 patients with ESRD who received Enoxaparin for a nonrenal diagnosis. All patients were on hemodialysis and were monitored by a pharmacist in our anticoagulation clinic.

Results: Nineteen episodes of bridging were identified ranging 1 to 6 episodes per patient. The indications for anticoagulation were venous thromboembolism (3 patients), mechanical valves (mitral (2), aortic (2)), CVA (1), Atrial fibrillation (1). The reasons for anticoagulation bridging were: arteriovenous fistula placement, dialysis catheter exchange, prostate biopsy, peritoneal catheter placement and delayed response to Coumadin. One patient with nonhealing ulcers and possible Coumadin skin necrosis was treated with Enoxaparin for 10 months. Anti factor Xa activity levels were obtained during the enoxaparin therapy in 5 patients. The starting dose was 0.8 mg/kg/day in four of the cases, 1 mg/kg/day for two and the other three patients received 40 mg daily regardless of their weight. The duration of Enoxaparin treatment ranged 3 to 214 days. One patient who received 1 mg/kg daily for 3 days experienced epistaxis which was self limited. No patients had thrombotic complications.

Conclusion: We present a series of nine patients with ESRD who were successfully bridged with Enoxaparin for non renal indications. Special dosing and close follow up may represent a viable strategy for bridging anticoagulation in this population.