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## Journal of Cardiology Cases

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## Letter to the Editor

## Author's Reply: Recently introduced thrombolytic therapy regimens have been sufficiently effective and safer in patients with prosthetic valve thrombosis



We are grateful to Dr Güner for taking the time both to read our paper and for offering his thoughts and observations on the issues raised.

Indeed, the results of the TROIA and PROMETEE trials [1,2] using low-dose, slow-infusion, thrombolytic regimens in acute prosthetic valve thrombosis have shown promising results in terms of efficacy and safety.

One issue is key, however, in the selection of the thrombolytic scheme: the severity of the clinical picture. Even when the rates of New York Heart Association III–IV were 35.5% and 41.4% in the PROMETEE and TROIA trials, respectively, to consider an extended infusion regimen in a patient showing pulmonary edema, cardiogenic shock, or electrical instability may be doubtful. Furthermore, patients enrolled in the PROMETEE trial underwent several (up to 8) 24-h thrombolytic sessions, which excludes the possibility of including patients in whom the clinical presentation is catastrophic.

The authors strongly believe that clinical and echocardiographic stratification of each individual case remains key in achieving success of thrombolytic therapy of acute prosthetic valve thrombosis, and that a short-infusion regimen may still have a role in those cases where clinical presentation is catastrophic, and surgery is unavailable.

### References

- [1] Özkan M, Gündüz S, Biteker M, Astarcioglu MA, Çevik C, Kaynak E, et al. Comparison of different TEE-guided thrombolytic regimens for prosthetic valve thrombosis: the TROIA trial. *JACC Cardiovasc Imaging* 2013;6:206–16.
- [2] Özkan M, Gündüz S, Gürsoy OM, Karakoyun S, Astarcoğlu MA, Kaçık M, et al. Ultra slow thrombolytic therapy: a novel strategy in the management of prosthetic mechanical valve thrombosis and the predictors of outcome: the ultra-slow PROMETEE trial. *Am Heart J* 2015;170:409–18.

Diego Araiza-Garaygordobil (MD)\*

National Institute of Cardiology “Ignacio Chávez”, Mexico City, México

\*Corresponding author at: Instituto Nacional de Cardiología “Ignacio Chávez,” Unidad Coronaria, Juan Badiano 1, Belisario Domínguez Sección XVI Tlalpan, Ciudad de México, ZIP 14030, México

E-mail address: [dargaray@gmail.com](mailto:dargaray@gmail.com) (D. Araiza-Garaygordobil).