
To the Editor:

We read with great interest the article by Alberts et al1 who performed an excellent review on the use of dabigatran in patients with stroke to provide a clinical practice guideline. In the section that deals with the use of intravenous tissue-type plasminogen activator in a patient treated with dabigatran, they say that although clinical experience is too limited, no bleeding complications have been reported. We would like to make a precision to their exposition.

To date only 2 patients who had an acute stroke at the time of taking dabigatran and were treated with intravenous tissue-type plasminogen activator have been communicated2,3 and although the clinical outcome was diverse, bleeding complications did not appear. Based on this information we performed intravenous thrombolysis to a patient in similar circumstances with the result of a fatal intracerebral hemorrhage.4

Taking this into account, we recommend caution and we agree that in the absence of an antidote is not reasonable to treat such patients with intravenous tissue-type plasminogen activator.

Disclosures

None.

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