

Letter to the Editor

Risk factors of pocket hematoma in patients with electrophysiological device implantation

Dear Editor,

We have read the article of Proietti et al, entitled "Risk of pocket hematoma in patients on chronic anticoagulation with warfarin undergoing electrophysiological device implantation: a comparison of different peri-operative management strategies" with great interest¹. The authors have evaluated the relation between periprocedural anticoagulation regimen with the risk of developing pocket hematoma in patients undergoing electrophysiologic device implantation who are on warfarin treatment, which is extremely important in clinical practice and might cause prolongation of hospitalizations. The article reviewed 15 studies, in which patients with maintenance of warfarin, discontinuation of warfarin and bridging with heparin were recruited. As a result of the study, they have shown that continuation of warfarin treatment during periprocedural period did not increase the risk of developing pocket hematoma and lowered the risk of developing pocket hematoma when compared with bridging therapy with heparin. Furthermore, the study have revealed that periprocedural bridging therapy with heparin increased the risk of developing pocket hematoma and prolonged duration of hospitalization. It has also shown with this study that the risk of pocket hematoma did not increase in patients undergoing electrophysiologic device surgery without discontinuation of warfarin treatment. Besides, adding some points to the study would be of benefit for guiding clinicians.

Pocket hematoma is an important complication, seen after electrophysiologic device implantation, at an approximate rate of 2-5%^{2,3}. A variety of factors such as experience of the operator, age of the patient, surgical technique, type of the device, antiplatelet/anticoagulant therapy, renal failure and subcutaneous fatty tissue play role in developing hematoma^{4,5}. On the other hand, Guo et al⁶ have shown in their study where they investigated the correlation between body mass index (BMI) and development of pocket hematoma, that the risk of pocket hematoma was higher in individuals with a BMI of < 23 kg/m² when compared to the ones with a BMI of > 23 kg/m². These data would give idea to the clinicians that they should avoid bridging therapy with heparin in patients with a BMI of < 23 kg/m².

As mentioned above, when determining the anticoagulation strategy for similar patient populations, we think that considering BMI value would decrease the risk of development of pocket hematoma. As a result, we congratulate the authors for his original study and hope it to pioneer more studies in the future.

Conflict of Interest

The Authors declare that they have no conflict of interests.

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M. Yalcin, Z. Isilak, B. Bicakci, O. Uz

Department of Cardiology, GATA Training and Research Hospital, Istanbul, Turkey