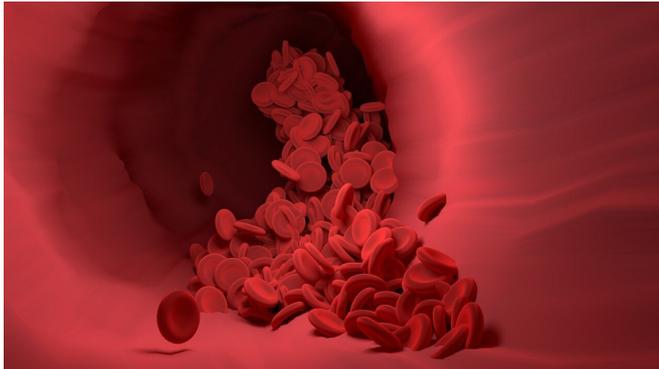


Emergency physicians first to safely treat vaccine-induced blood clot with heparin alternative

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A new case report, detailed in *Annals of Emergency Medicine*, is the first known case of a patient with VITT (vaccine-induced thrombotic thrombocytopenia) treated with a heparin alternative following the Centers for Disease Control and Prevention (CDC) guidance.

An otherwise healthy female patient in her 40s came to the [emergency department](#) at UHealth University of Colorado Hospital twelve days after receiving the Johnson & Johnson vaccine with a headache, dizziness, and vision changes. The patient was treated on April 13, 2021, the same day that the Centers for Disease Control and Prevention (CDC) announced a pause in the administration of the Johnson & Johnson vaccine. CDC guidance recommended treatment with heparin alternatives but did not recommend any specific alternative in that announcement.

Bivalirudin was given to the patient and the authors write that, "this patient's early outcomes suggest that bivalirudin may be a safe alternative to heparin in patients demonstrating a presentation consistent

with VITT."

"Our experience shows us that these clot reactions are very rare, but they can be treated," said R. Todd Clark, MD, MBA, lead co-author and assistant professor of emergency medicine at the University of Colorado School of Medicine. "Americans can feel comfortable getting vaccinated and should discuss any vaccination concerns with their doctor. Getting vaccinated is a critical step in combatting this pandemic so we can return to our normal lives."

While more research is needed on the efficacy of this [medicine](#), the early outcomes of this case may inform the decision making of other health professionals who may be selecting [heparin](#) alternatives for patients with VITT, the authors said.

More information: Richard Todd Clark et al. Early Outcomes of Bivalirudin Therapy for Thrombotic Thrombocytopenia and Cerebral Venous Sinus Thrombosis after Ad26.COV2.S Vaccination: A Case Report *Annals of Emergency Medicine* (2021) [DOI: 10.1016/j.annemergmed.2021.04.035](#)

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