Cardiac tamponade
Myocardial ischemia
Heart failure
Cardiac surgery/s/p Whipple

Chronic leukocytosis
Chronic kidney disease
Mitral valve bioprosthesis
Steroid-induced diabetes
Right-sided heart failure
Right atrial myxoma
Thrombosis
Chronic bronchitis

Shortness of breath
Ground glasopeties

Cardiac	Pulmonary	Other
Heart failure	Edema	Drug toxicity
Mycocardial ischemia	Ischemic infiltrate	Anaphylaxis
Pulmonary embolism	Pleural effusion	 GI: Dyspepsia, GERD, esophagitis, gastritis
Vasculitis	Necrosis	Drug interactions
Antiphospholipid syndrome	Necrosis	Hypersensitivity: Skin rash, anaphylaxis, angioedema
Pulmonary hypertension	Necrosis	Thrombosis with abrupt discontinuation
Systemic lupus erythematosus	Necrosis	Decreased survival of ICH
Cardiac tamponade	Necrosis	Increased incidence of ICH

Introduction
Anticoagulants is a common part of many medication lists as atrial fibrillation, rheumatic heart disease, and venous thromboembolism. Major centers of recent years, anticoagulants have emerged, showing the safer it is seen as a possible. As these alternatives anticoagulants increase in prevalence for the lack of required monitoring, lower medication and side effects, quick start and short of action, and lack of need to bridge, the medical community has begun to see more direct effects, as illustrated by this case.

Case Discussion
HD 1 & 2: Admitted to Cardiology Inpatient Service for shortness of breath, with acute hypoxemia and atrial fibrillation. Diagnosed with right heart failure. He was later transitioned from Fondaparinux to Warfarin.

Case Discussion
As the use of novel anticoagulants continues to rise, more adverse effects will likely present themselves.

Possible adverse effects of new agents

Advantages of new agents

Disadvantages of new agents

Rapid onset of anticoagulant effect
No need for frequent monitoring
No need for reversal agents

Increased risk of bleeding
Increased incidence of ICH

Dosing/Monitoring

Table: Overview

Hypersensitivity
Drug interactions
Drug toxicity
Increased incidence of ICH
Increased risk of bleeding

Risks

Differential diagnoses considered based on presentation and imaging:

A new perspective on the diagnosis of pulmonary edema

Bronchospasm
Pulmonary hypertension
Pulmonary edema

Figure 1: CXR-Bilateral perihilar and slightly upper blue tones on bilateral ground glass opacities, mild perihilar edema. Small bilateral pleural effusions.

Figure 2: Pulmonary embolism protocol: The PE. Decreasing bilateral ground glass opacities and area of consolidation. Findings consistent with hypoxic pulmonary vasoconstriction could represent drug toxicity, viral pneumonia, S. Pneumonia.

Figure 3: 1 week after discharge. Multi-imposed bilateral ground glass opacities.

Adapted to Cardiology Inpatient Service for heart failure. Presented with hypoxemic respiratory distress and acute atrial fibrillation. Diagnosed with right heart failure. He was later transitioned from Fondaparinux to Warfarin.

Drug toxicity
Increased incidence of ICH
Increased risk of bleeding

References

Differential diagnoses considered based on presentation and imaging:

A new perspective on the diagnosis of pulmonary edema

Bronchospasm
Pulmonary hypertension
Pulmonary edema

Figure 1: CXR-Bilateral perihilar and slightly upper blue tones on bilateral ground glass opacities, mild perihilar edema. Small bilateral pleural effusions.

Figure 2: Pulmonary embolism protocol: The PE. Decreasing bilateral ground glass opacities and area of consolidation. Findings consistent with hypoxic pulmonary vasoconstriction could represent drug toxicity, viral pneumonia, S. Pneumonia.

Figure 3: 1 week after discharge. Multi-imposed bilateral ground glass opacities.

Adapted to Cardiology Inpatient Service for heart failure. Presented with hypoxemic respiratory distress and acute atrial fibrillation. Diagnosed with right heart failure. He was later transitioned from Fondaparinux to Warfarin.

Drug toxicity
Increased incidence of ICH
Increased risk of bleeding

References

Differential diagnoses considered based on presentation and imaging:

A new perspective on the diagnosis of pulmonary edema

Bronchospasm
Pulmonary hypertension
Pulmonary edema

Figure 1: CXR-Bilateral perihilar and slightly upper blue tones on bilateral ground glass opacities, mild perihilar edema. Small bilateral pleural effusions.

Figure 2: Pulmonary embolism protocol: The PE. Decreasing bilateral ground glass opacities and area of consolidation. Findings consistent with hypoxic pulmonary vasoconstriction could represent drug toxicity, viral pneumonia, S. Pneumonia.

Figure 3: 1 week after discharge. Multi-imposed bilateral ground glass opacities.