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Iofefficacyandsafetyofanticoagulanttherapyforpreventing Secondarythromboembolicdiseaseinhyperten-siveCerebralhemorrhage

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Abstract: ObjectiveToevaluate the efficacy and safety of earlyanticoagulant treatment for preventing secondary thromboembolIC Disease in hypertensive intracerebral hemorrhage.Methodscases of hypertensivecerebral hemorrhage in We hospital from January2013 to October 2014 were selectedas the subjects and divided/b221>into control group and pre-

vention GROUP by using the randomTablemethod,\casesin eachGroup.The prevention group used low molecularhep-

aRIncalcium5000U/DbyhypodErmICINJEt i o [n]attheEARLysTageofcERebRalhemorrhaGE(3-4d)foR,D.thecontRoLgroupwasgiveNthecoNVentioNaLTreatmEntandnursing.THepLaTeLeTcountandbloodcoagulationfunctioNweredaIlydetEcTeD.THecoloruLTRasonicDopplerexamination foR doubleloweRlimbs deeP Veins Was performedoN 1,7,dafteRantICoagulaTioNtheRapy.THeveinTHRomboSISoccurrencesituatioNoflowERlimbsInthetwogroupsWasPeRforMedThecomPaRaTiveanalysis.THepaTientswitHhighlysuspecTeDpulmonaRyembolISMneedeDtopeRFeCTTheexamInaTioNSofD-dimeR,lungSpiralCTeNHaNCedSCanning,eleCTro-cardiogram(EKG)monitoring,etC.THeheaDCTwasreexaminEdon1,5,TenDafteRantICoagulaTioNtheRapy.ResultsLowERlimbvenoUSThrombosisdidnotoccurred inthe paTientsoFthePRevention

group;whichoccurReDIn6cases(%)ofthecontRoLgroup,3CasesWeReInthepARalytICSidE,4CAseswe RelocatedundeRthePopLitealvein,2,caseshaDsymptoms,1casewassymptomaticpulmonaryembolism,allCAseswe RerecoveRedafteRantICoagulaTioNtheRapy.THeTwogroupshaDNosTatisTICaLdiffEreNCesIntHeaspEcTsofPLateleTcount,bLooDcoagulaTioNfunctionandRe-bleeding(P>0.).THeincidenceRateoFDeepvenoUSThrombosis

(DVT)andpulmonary embolismin "preventionGroup were 0(0/20)and0(0/20)respectively,which were significantly lowerthan with significantly lower than30%(6/20)and5%(1/20)in the controlgroup,,differencessignificant(P<0.05).Conclusionadopting early anticoagulant treatment? Safeand effective for preventing secondary thrombosisDisease in the patients with hypertensioncerebral hemorrhage.

Keywords: intracranial hemorrhage,hypertensive;anticoagulants;thromboembolism/prevention &control

for hypertensive intracerebral hemorrhagepeople tendto stay in bed for half a monthtoon,and early offwater,apply anti-fibrinolysis,hemostatic DrugsWait for treatment,tosecondary embolismsexual diseases such as deep venous thrombosis of lower extremityto,pulmonary embolismDiveat risk such as how toprevent lack of deep recognitionGeneral.if not treated in time, you canguidecause severe secondary suppositoryplug,Even endanger the lives of patientsall.This

studyMiningtake low molecular weight heparin and other anticoagulation measures preanti-cerebral hemorrhage secondary embolismsexdisease,Get better treatmenteffect,now reported asNext.

1. Data and Methods

1.1 General FundmaterialSelecttake2013year1monthto2014yeartenmoniththis hospitalinpatients with severe medical sciencewho,example,wheremale: Example,womenExample;yearage48~,old,average(A.2±9.6)years old.random numberWord tablemethodrandomly divided into control groupand Prevention group,everyGroupexample.cases all withCTCheck for confirmation,ventricle outblood5Example,SmallBrain OutBlood5example,Base sectionbleedexample.Family informed consent and signed informed consentBook,This studyis

author JaneMedium:Uighurs'(-),female,Hubei Shiyanperson,Deputy Director MedicalDivision,Major in intensive medical clinical workmake;E-maiL:tp13196879085@163.Com.

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Our Ethics CommitteeReviewApprovedQuasi.excludingsurgery,brain trauma and bleed Constitution causecerebral hemorrhage,active cerebral hemorrhage,heartForce exhaustion and deep venous bloodbolt,plateletLow and thrombocytopenia Violetcrazy,Severe liver,kidney diseaseetcPatient.If medication is taken, thenthe drug is removed and then theisselected.

1.2 SquareLaw

1.2.1 treatmentusing a randomized parallel control approach.two groups

lower extremity static in patientsPulseBoltPlug6example(+%),is on theparalyzedside3example;located in popliteal veinNext4example,symptomspeople2example,symptomatic pulmonary suppositoryplug1example, withanticoagulation okgo.Prevention group patients with deep venous embolism and pulmonary embolismtherate is significantly lower than the control group,differenceVarianceis statisticallysignificant(P<0.05),See table2.

Table1two groups of patients general data comparison

patients are connectedcontinued treatmentHealingd.Thecontrol group was given general treatmenttreatment,care.Pre-

1.2.2 Color Doppler ultrasonographyTwo groups of patients after anticoagulant therapy

1,7,Dto perform a color Doppler ultrasonography of the lower extremitiescheck.underlimbdeep staticvein thrombosis diagnostic Mark:The diameter of the deep vein in which the thrombus occurs is increasedbylarge,and probewithno significant changestothe lumen after compression to.thevisible part ofthe lumenoralldepartment realLow echo,thrombus formSee"Sediment sample"stack or"smallgrass-likeDriftfloat.DepartmentSubBoltplugcan beSee the thickness of the clot scattered aroundbloodcirculationover,full embolism no blood flowno.a small number of patientscan see the point of bloodonly after the pressure is far,flow.

1.2.3 D-twopolybody,lungDepartmentBoltrotateCTincreasestrongsweepStroke,-Heart-chartCheckhighly suspected pulmonary embolism needendgoodD-Two body,lung screwrotateCTEnhanced Sweepstrokes,,and other related checkscheck.

1.2.4 Hematology testtestTwo groups of patientsbefore anticoagulation treatmentBloodLiquid Biochemical ExaminationCheck,Intensivemonitoring of patients after anticoagulation therapy in the prevention groupBloodsmallplate and blood coagulation function,ifDetect indicator exception immediatelyStopStop anticoagulationRuleHealing.1.2.5header[CTCheckCheckanticoagulationtreatmentafter1,5,,Dreviewing headerscranialCT,if the hematoma increases or the intracranial hemorrhage is immediately stopped anticoagulationHealing.1.3Statistics Officeshould withsPSs..0Statistics software numberofaccordingtoanalysis,Metricswithx±srepresents,Group betweencompare with two independent samplesbenTQuarantine;count data toRateor composition ratio representation,Miningwithχ2CheckTest.P<0.statistically significant for differencesrighteousness.

2. knot Fruit

2.1 two groups of patients general information thanmoretwogroups of patients sexno,yearAge,gridLasco comaCommentSub(GlasGoWcomascoRe,GCS) andhematomatypecompare,No difference no statisticsmeaning(P>0.05),Good tothan,SeeTable1.

2.2 Two groups of patients relatedto amorethanTwo groups of patients blood smallboard countandcoagulation workcan and then bleedmore thancomparedto,differences are no statisticslearnmeaning(P>0.05).ruletherapydNone of the patients in the prevention group took placelimbvenous embolismcontrol group

P->0.05>0.05 >0.05 >0.05 >0.05 >0.05

Note:-indicates noItems.

3. Get

intracerebral hemorrhage is an acute cerebrovascular disease with high morbidity and mortality rates.ill,account for all strokes's10%~30%@[1].a patient with cerebral hemorrhage can easily befollowed by abolt,plugsexdisease[2],Current,has become an important source of death in patients ' recovery periodbecause,seriously threatens people's lives, health and quality of lifeQuantity.

cerebral hemorrhage secondary embolism diseasethe factor is biasedParalysis,Inbed,HighBloodpressure,Diabetes,Hyperlipidemia,heart Attack,old age.vein Wallinjury,bleedflow slow and blood clotting state is causingdeep venous thrombosis threelargefactor.for patients with hemiplegia,long stay in bed causes blood stasisdelay,Causesthevortexstream to form,tostart the internal coagulation machinesystem,Move platelets to the edgestream;hypertension can cause intravascular mechanical damageinjury;Chronic diabetes can cause finecell endothelial function lossinjury;high fatblood can increase blood viscosityhigh;withup to yearageincrease,thrombosis susceptibilitysexincreasehigh,age Superpastyears oldisbrainstrokeMiddle deep staticpulsethrombosis singleRisk duetoelement.alsolargeamountdehydrating agentuse to cause blood consistencyshrink,increased blood viscosity,dehydration can cause electrolysisqualitydisorder,stimulatesintravascularskin,causes vascular wall injury promoting thrombosisto,Internal vascular lesions caused by deep venous cathetersameinjury,intravenous infusion of drugs on blood vesselsthe stimulation of the wall can promote thrombus shapeTo.accordingto theliteraturereport,if not takenany

What precautionApply,%~%intracerebral hemorrhagedeep venous blood will occur in patientsPlug,high incidence of severe hemiplegiaup%~$%[3].%This study contrasts with deepvenous thrombosisin the control groupto(6/20),at paralysisside3example,bitonpopliteal veinunder4Example,Its incidence is below the relevantreportway.such asthe patient out of thenow-pulmonary embolism suggests a better prognosis than thedifference.has a research tableMing,5%brainbleeding patientswhosendssicknessAddiedof pulmonary embolism.This researchinvestigatein1case Lungembolism Patient outnowhemoptysis,dyspnea,Heart Rate,increased respiration rateQuick,right Heart at the same timedecayexhaustionsigns,Swollen right legSwell,FinishGoodD-two body,ECG,LungSpiral

RotateCTenhanced scancheckcheck,combining patients with deep venous thrombosis of lower extremityClinical diagnosis for pulmonary suppositoryplug,via emergency anticoagulation,breathingmachine assisted breathing, etc.RobSave after Curego.

Although cerebral hemorrhage secondary embolismplug disease is a potentially lethal windInsuranceComplications,but due to concerns about the use of anticoagulant prophylaxis secondary embolismsexDisease may cause intracranial hematoma to expand and aggravatethediseaseLove,so,tocerebral hemorrhage followingdrug prophylaxis for embolic diseases has not been achieved altogetherknowledge,actual clinical applicationshould follow patient individualization's"benefitBenefits-wind"Insurance-commentestimate[4].Many clinical trials show,ichpatientson24~allhinsideviaCTScan confirms that the hematoma did not expandstart applying low-molecular-weight heparinprevention of deep venous thrombosis Annall,valid,does notincreases bleeding

againandhematoma enlargement windinsurance[5].currently,mostly with low molecular heparin anti-coagulationtherapy,where the fast sprite has useEasy,Low Bleed risk,Half-Life length,effectiveForce advantages.Domestic LiteratureRoad,low scoreheparin treatment Brainoutblood Merge deepvenous thrombosis,continuous treatmenttherapy15deffect significant and not citedsendinside Outblood,security,canon[6-8].The results of this studyshow,two groupsofpatients withno significant differences in coagulation functionoften,is has1examplebleeding again,can bewith high blood pressureclose,with injection of low molecular heparin notlarge.

Current,prevention and treatment of secondary embolic diseases in patients with intracerebral hemorrhageHealing Debatestill oncontinued,Research TableMing,pre-deep venous thrombosisAnti,heparin can increase patientsBleed WindInsurance[9];But clinical studies also testifyMing,LowSubsub-heparin(<6VU/d)apply more thanDisadvantages,currently,more andmoreliterature supportAnticoagulation should be implemented early after intracerebral hemorrhagetherapy,This viewhas beenuniversally accepted,but also emphasizes anticoagulation therapy whenthemachine,Comprehensive measures

Body Implementation Originalthen,for high-risk patients such as heartill,Sugar Urineill,High blood pressure,Hyperlipemia,older patients should be particularly heavyView.

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