ICU
MANAGEMENT & PRACTICE

Tranexamic Acid for Intracerebral Haemorrhage in Patients on NOAC

There is a lack of evidence-based haemostatic treatment for intracerebral haemorrhage (ICH) associated with non-vitamin K antagonist oral anticoagulants (NOACs). Tranexamic acid (TXA) is an antifibrinolytic drug that helps limit haematoma expansion.

A study was conducted to evaluate the effectiveness and safety of using TXA in NOAC-related ICH cases. The trial was performed at six Swiss stroke centres. The study included patients with ICH associated with NOACs who were enrolled within 12 hours of symptom onset and 48 hours of the last NOAC intake. Sixty three patients were randomly assigned to receive either intravenous TXA or a placebo alongside standard medical care. The primary outcome measure was haematoma expansion, defined as a ≥33% relative or ≥6 mL absolute increase in volume at 24 hours.

As per the findings of the study, the primary outcome, haematoma expansion, did not show a significant difference between the TXA group (n=32) and the placebo group (n=31). However, there was an indication of interaction with the time of treatment initiation, favouring TXA when administered within six hours of symptom onset.

Regarding mortality and major thromboembolic complications within 90 days, there were no significant differences between the TXA and placebo groups. Thromboembolic events occurred only in participants not restarted on oral anticoagulation, and all such events were observed at least two weeks after the study treatment.

Overall, these findings show that in patients with NOAC-associated ICH, TXA did not show evidence of preventing haematoma expansion. However, the treatment was generally safe with no major safety concerns. The results suggest that larger trials focusing on haemostatic treatments and targeting an early treatment window are required for NOAC-ICH cases.

Source: Stroke

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