Platelet Inhibition With IV Glycoprotein IIb/IIIa Inhibitor to Prevent Thrombosis in Pediatric Patients Undergoing Aortopulmonary Shunting

Patients: 52 children (< 18yrs) undergoing surgical aorto-pulmonary shunt who received tirofiban infusion as a bridge to aspirin

Tirofiban protocol:
- Aspirin started (3-5mg/kg/day via NG or PR)
- Start Tirofiban if TEG-PM MA > 50 and Platelets > 100,000
- TEG-PM and VerifyNow testing for Aspirin

Results:
- Shunt thrombosis occurred in 2/52 patients (3.9%)
- 1/52 patients had a bleeding complication (1.9%)

IV glycoprotein IIb/IIIa inhibitor as a bridge to oral antiplatelet therapy is safe in pediatric patients after aortopulmonary shunting. Randomized trials are warranted to establish efficacy compared with current anticoagulation practices.