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| Abstracttitel: | TRANEXAMIC OR APROTININ: A THROMBOELASTOGRAPHIC COMPARISON |


**PURPOSE**

The efficiency of tranexamic and aprotinin, in patients undergoing cardiopulmonary bypass (CPB), are compared through the analysis of computerized thromboelastography (TEG) and platelets count (P.C.).

**MATERIAL AND METHODS**

Before skin incision a blood sample for PREOPERATIVE – TEG and P.C. is collected. Inmediately after the haemostatic drug infusion is started and kept until skin closure. Ten minutes after the end of protamine infusion, a sample for POSTCPB-TEG and P.C. is collected.

The inclusion criteria were: age > 18 and < 80, no evidence of malignancy, creatinine clearance > 40 and absence of bleeding or thrombotic diathesis.

The exclusion criteria were, liver disease, intolerance to aprotinin, tranexamic or protamine, CPB time < 30 or > 240 minutes, aortic clamp time greater than 180 minutes and intravenous infusion of colloids , in the 5 days previous to the surgery.

After institutional approval, fifty two patients were enrolled and randomly assigned to receive either:

**Aprotinin,** following half Hammersmith regimen: (N=30) or

**Tranexamic**: 10 mg/Kg as a loading dose, 3 mg/Kg/Hour, maintenance dose, and 10 mg/Kg, added to the prime solution. (N=22).

TEGs (in-TEM and ex-TEM tests) were obtained with a ROTEM® Gamma thromboelastometer. Independent Student t test analysis was employed. Significance was set at p value < 0.05.

**RESULTS**

PREOPERATIVE – TEG, POSTCPB-TEGs and post CPB platelets count showed no statistically significant differences in both groups.

**CONCLUSION**

In our study, the analysis of thromboelastometry and platelet count, suggests that tranexamic is as effective as aprotinin.