

Risk of death may be higher with drug commonly used during cardiac surgery

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The risks of death are probably higher with aprotinin, a drug commonly used to control blood loss and transfusions during cardiac surgery, compared with lysine analogues, according to a study <http://www.cmaj.ca/cgi/rapidpdf/cmaj.081109> to be published in the January 20th issue of *CMAJ*.

On December 3, a Health Canada expert advisory panel will meet to decide on aprotinin use. The study is being early released in advance of the meeting.

The study, a systematic review of 49 randomized trials, compared aprotinin with lysine analogues. It includes new information from The Blood Conservation Using Antifibrinolytics in a Randomized Trial (BART) study published in May which was stopped prematurely because of a significant number of deaths in patients taking aprotinin.

In the *CMAJ* review, while aprotinin was slightly more effective at controlling blood loss and transfusions, its higher risk of death and significantly more expensive price were deterrents for its use. The authors recommend tranexamic acid or aminocaproic as alternatives to prevent blood loss during surgery.

"Lysine analogues are almost as effective as aprotinin in controlling blood loss, are cheaper, and appear not to increase mortality," conclude Dr. David Henry and coauthors.

Source: Canadian Medical Association Journal

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