The Treatment of Impending Vascular Occlusion with Rheomacrodex, Heparin and Complamine

A.M. Leeman
Amersfoort

Author's address: Dr. A. M. Leeman, van Hogendorplaan 1, Amersfoort (The Netherlands)

I wish to demonstrate two cases in which treatment with a combination of heparin, rheomacrodex and complamine appear to have had a beneficial effect. Especially the anti-sludge effect of rheomacrodex enhances the effect when occlusion of a blood vessel threatens.

The first case was a girl, 16 years old, who had first come to see me a year previously with deep keratitis of first the right and later the left eye, which was found to be due to congenital lues and could be completely suppressed with decadron eyedrops. Aortitis was also present. In spite of intensive antiluetic therapy the serology, as usual, has remained positive.

On 26 July 1968, the girl visited me complaining of intermittent indistinct vision in her right eye. The cornea was normal but the fundus had the following appearance: the veins were markedly congested and the retina was oedematous, but there were no haemorrhages or exudates. The visual acuity was 5/5.

The physician who was consulted (Dr. Kreekl did not wish to prescribe anticoagulants because of the aortitis; I was in agreement because it appears from the literature that any favourable effect can only be demonstrated statistically. We decided to treat the patient with systemic hydergine and cortico-steroids, 20 mg/day, and a new course of antiluetic treatment.

At this point I went away for three weeks holiday and my locum kept an eye on the patient. When I returned I was shocked at the change in the fundus picture. Multiple haemorrhages and exudates could now be seen. The visual acuity was reduced to 5/15.

The treatment outlined at the beginning of this article was initiated at once. Visible improvement was very rapid and after three weeks very clear improvement in the fundus picture and the visual acuity had occurred. There was still some oedema but the exudates and a large proportion to the haemorrhages had disappeared.

The second case is a man of 60 years of age, who consulted my colleague, Dr. Imhof, at noon that morning. The attacks lasted 5–10 min during which time the visual acuity was reduced to light perception.

Marked sclerosis was seen in the fundus but no further anomalies. The patient had slightly raised blood pressure, 180/110, and complained of restless legs. He was prescribed 1 tablet Cosaldon (nicotinic acid preparation) every 2 hours and told to come back at 2 o’clock.

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occurred at a division of the inferior temporal artery so that the whole artery was empty. I watched until suddenly the spasm ended and the blood vessel filled again like an empty infusion tube through which the blood begins to flow.

The patient was admitted to hospital and was given the therapy specified above, since which time he has had no more attacks. His leg complaints also disappeared. The infusion was given for 3 weeks after which the patient was put on to oral complamine and sintrom.

In both these cases there was a direct relationship between the start of the medication and the beginning of the improvement in the fundus picture in the first case and the freedom from complaints in the second case, which suggests that there is a connection between the two. It is advisable not to wait until there is total occlusion of the blood vessel as the prognosis is then much worse.

Dosage: 1 bottle of rheomacrodex per day in glucose or saline, supplemented with: 3 bottles of saline (for diabetics), or 3 bottles of glucose (for hypertensives), or 3 bottles of glucose/saline. 75 mg heparin are given in the first bottle and another 50 mg are injected into the transfusion tube. Further administration is dependent on the coagulation time (12–17 min). Oral administration of sintrom is started straight away and regulated according to the results of the thrombotest or prothrombin time.

One ampule of complaniine is given in each bottle and another ampule is injected into the tube.