A 34-year-old man presented with crushing substernal chest pain associated with ingestion of crack cocaine. An ECG showed findings consistent with an acute anterior wall myocardial infarction complicated by intermittent complete heart block. A coronary angiogram demonstrated diffuse thrombosis of the left anterior descending (LAD) coronary artery (arrow) (Figure, panel A). A temporary pacemaker was placed, and the patient was treated with heparin and the platelet glycoprotein IIb/IIIa (GP IIb/IIIa) inhibitor tirofiban 0.4 mg $\cdot$ kg$^{-1}$ $\cdot$ min$^{-1}$ bolus over 30 minutes followed by 0.1 $\mu$g $\cdot$ kg$^{-1}$ $\cdot$ min$^{-1}$ for 72 hours. Coronary angiography was repeated 7 days later, showing normal coronary arteries without residual thrombus or coronary stenosis (panel B). GP IIb/IIIa inhibitors may be useful as first-line therapy in cocaine-induced coronary thrombosis.

Tirofiban for Cocaine-Induced Coronary Artery Thrombosis
A Novel Therapeutic Approach

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