dose of clopidogrel (600 mg) before primary angioplasty is still uncertain and a further investigation according to the stratified risk of patients should be worked up.

References

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Stent thrombosis after drug-eluting stent implantation: incidence, timing, and relation to discontinuation of clopidogrel therapy over a 4-year period

We have read with great interest the paper by Schulz et al.1 recently published in the European Heart Journal.

In this study, discontinuation of clopidogrel therapy was significantly associated with drug-eluting stents (DES) thrombosis (ST) only in the first 6 months after the procedure, with no significant effect thereafter. As the authors acknowledge, delayed healing is the most important pathophysiological mechanism for DES ST.2 Time course of arterial healing is rather different in bare-metal stents (BMS) and DES. After BMS implantation, endothelialization is near-complete by 3–4 months, but it reaches approximately 60% at 2 years after DES implantation. This remarks the importance of dual antiplatelet therapy early after DES implantation.

Although clopidogrel discontinuation is a strong predictor of DES thrombosis,2 the existing relationship between antiplatelet therapy and stent thrombosis is complex and could not be limited to clopidogrel cessation. In fact, in this registry, only 37 of 73 thrombotic events (51%) were related to clopidogrel interruption.1,3 Aspirin 100 mg twice daily was recommended for an indefinite period after percutaneous coronary intervention. In previous studies, withdrawal from long-term antiplatelet monotherapy (the interruption of aspirin monotherapy after completing the 6-month of combined antiplatelet therapy) has been linked to DES thrombosis.3 However, the authors failed to provide data on the interruption of aspirin monotherapy and whether this impacted the occurrence of DES thrombosis. We would really appreciate if the investigators could provide information on this issue.

References

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Stent thrombosis after drug-eluting stent implantation: incidence, timing, and relation to discontinuation of clopidogrel therapy over a 4-year period: reply

We highly appreciate the interest of Flores-Rios et al. in our article ‘Stent thrombosis after drug-eluting stent implantation: incidence, timing, and relation to discontinuation of clopidogrel therapy over a 4-year period’.1

References