

Antiplatelet Therapy in Endovascular Treatment

- Sex-based Outcomes with Catheter-directed and Ultrasound-Assisted Thrombolysis for Acute Limb Ischemia
- Predictors of postoperative stroke after transfemoral carotid artery stenting
- Regional Disparities in Incidence, Therapeutic Approaches, and In-hospital Mortality of Critical Limb Ischemia in Japan
- Risk Score for the Event of Perioperative Myocardial Infarction at the Time of Carotid Endarterectomy
- Filling the Void: The Past, Present, and Future of Left Atrial Appendage Occlusion
- Flow diversion for treatment of acutely ruptured intracranial aneurysms: Comparison of complications and clinical outcomes with coil embolization
- Endovascular treatment of posterior circulation aneurysms with flow diverters with hydrophilic polymer coating in patients receiving prasugrel single antiplatelet therapy: a multicenter case series presenting complication and occlusion rates
- Sex differences in outcomes after endovascular therapy with prior antiplatelet use: A study from the EVA-TRISP registry

Antiplatelet Therapy in Endovascular Treatment of Cerebral Aneurysm

[Antiplatelet Therapy in Endovascular Treatment of Cerebral Aneurysm](#)

Antiplatelet Therapy in Flow Diversion

Antiplatelet and [antithrombotic](#) medication management before, during, and after [endovascular treatment](#) has significant practice variation.

[Antiplatelet Therapy in Flow Diversion.](#)

Antiplatelet therapy is common and complicates the operative management of acute [intracranial hemorrhage](#). Little data exist to guide [antiplatelet reversal](#) strategies.

An online survey detailing antiplatelet reversal strategies in patients presenting with acute operative intracranial hemorrhage (subdural hematoma (SDH), epidural hematoma (EDH), and intracerebral hemorrhage (ICH) was distributed to board certified neurosurgeons in the North America.

Of the 2,782 functional email addresses, there were 493 (17.7%) responses to question #1 and 429 (15.4%) completed surveys. Most respondents chose to perform no additional laboratory testing prior to surgical intervention, regardless of hemorrhage type. The most common antiplatelet reversal strategy in the presence of [aspirin](#) was [platelet transfusion](#) (SDH and ICH) or no intervention (EDH). The most common antiplatelet reversal strategy in the presence of an [Adenosine diphosphate](#)

receptor inhibitor or DAPT was platelet transfusion or platelet transfusion with DDAVP administration. There was a statistically significant difference in management strategy depending on the antiplatelet therapy ($p < 0.001$).

When patients on antiplatelet medication present with operative intracranial hemorrhage, the majority of neurosurgeons do not perform qualitative platelet testing. Antiplatelet reversal strategies are significantly influenced by the antiplatelet therapy with more aggressive reversal strategies employed in the presence of ADP antagonists ¹⁾.

1)

Foreman PM, Ilyas A, Mooney J, Schmalz PGR, Walters BC, Griessenauer CJ. Antiplatelet Medication Reversal Strategies in Operative Intracranial Hemorrhage: A Survey of Practicing Neurosurgeons. World Neurosurg. 2018 May 18. pii: S1878-8750(18)31017-9. doi: 10.1016/j.wneu.2018.05.064. [Epub ahead of print] PubMed PMID: 29783009.

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