

Dual antiplatelet therapy complications

Dual [antiplatelet therapy](#) is associated with high early risks of major and [gastrointestinal bleeding](#) that decline after the first month in trial cohorts ¹⁾.

It is known that [stent-assisted coiling](#) (SAC) for ruptured [wide-neck intracranial aneurysms](#) has a good efficacy; however, there is an increased risk of perioperative hemorrhagic complications due to the need for [dual antiplatelet therapy](#) (DAPT). ²⁾

[Ventriculoperitoneal shunt complication after dual antiplatelet therapy.](#)

¹⁾

Hilken NA, Algra A, Kappelle LJ, Bath PM, Csiba L, Rothwell PM, Greving JP; CAT Collaboration. Early time course of major bleeding on antiplatelet therapy after TIA or ischemic stroke. *Neurology*. 2018 Jan 26. pii: 10.1212/WNL.0000000000004997. doi: 10.1212/WNL.0000000000004997. [Epub ahead of print] PubMed PMID: 29374102.

²⁾

H. Roh, J. Kim, H. Bae, K. Chong, J.H. Kim, S.I. Suh, T.H. Kwon, W. Yoon, Comparison of stent-assisted and no-stent coil embolization for safety and effectiveness in the treatment of ruptured intracranial aneurysms, *J. Neurosurg.* (2019) 1–7

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