Platelet reactivity

Clopidogrel is commonly used for secondary stroke prevention in patients with large vessel stenosis. Reduced Clopidogrel high on treatment platelet reactivity (CR) can lead to Clopidogrel underactivity (CU) causing acute thrombosis. However, the prevalence of CU among patients with acute symptomatic carotid artery disease remains unknown. Therefore, Honig et al. aimed to find the prevalence and identify the predictors for CU among patients with acutely symptomatic carotid stenosis.

Over the span of 14 months, CR was measured at the time of endovascular procedure in all patients undergoing angiography and stenting because of acute symptomatic carotid stenosis. Only patients treated per institutional protocol with a combination of Clopidogrel and Aspirin were included. CR was measured with P2Y12 reaction units (PRU) and CU was defined as PRU > 208. Patients with CU were compared to those without CU.

Thirty-five patients were included (mean age 71.3 \pm 10, 76% men) and twelve (34.3%, mean age 71.8 \pm 8.4, 58% men) had CU at the time of endovascular intervention. On univariate analysis more severe carotid stenosis was seen in CU patients (92.6 \pm 6.5% vs 81.6 \pm 13.6%, p = 0.013) and percent stenosis was independently associated with CU on multivariate analysis (p = 0.023).

Clopidogrel underactivity (CU) is present in 1 of every 3 patients with acutely symptomatic carotid artery disease. The current results suggest that platelet reactivity testing should become part of routine care in patients with acutely symptomatic carotid disease ¹⁾.

Honig A, Sacagiu T, Filioglo A, Simaan N, Kalish Y, Gomori JM, Horev A, Leker RR, Cohen JE. Clopidogrel underactivity is a common in patients with acute symptomatic severe carotid stenosis. J Neurol Sci. 2021 Apr 14;425:117450. doi: 10.1016/j.jns.2021.117450. Epub ahead of print. PMID: 33878658.

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