

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 ± 10 , 76% men) and twelve (34.3%, mean age 71.8 ± 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⁾.

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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