

# Successful Treatment Of Perioperative Very Late Stent Thrombosis With Thromboaspiration Device

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Dear Editor,

I read with interest the article by S Sikdar *et al* on "Perioperative Very Late Stent Thrombosis treated with Thrombosuction"<sup>1</sup>. The authors highlighted a very pertinent issue regarding the perioperative management conundrum of antiplatelet therapy in the setting of prior coronary stent implantation. Cypher ® (Cordis, Johnson & Johnson, Bridgewater, NJ) is a sirolimus drug eluting stent. As pointed out by the authors, the 2007 Focus Update of American College of Cardiology (ACC)/American Heart Association (AHA) /Society for Cardiovascular Angiography and Interventions (SCAI) recommended at least 3 months of clopidogrel treatment in combination with long term aspirin after sirolimus drug eluting stent (DES) implantation. However, the extended duration of 5 years dual antiplatelet therapy (DAT) has not been well established. We do not know the reason for the patient's 5 year extended DAT.

There is a fine balance between stopping antiplatelets before surgery and the risk of stent thrombosis. We should approach each case individually in terms of the patient's profile, type of surgery, type of coronary stent implanted and its duration, the patient's stent thrombosis and bleeding risk. Laproscopic cholecystectomy is deemed to be a low risk non cardiac surgery and perhaps single antiplatelet therapy with aspirin should have been continued throughout the whole perioperative period. There was no mention of high dose

heparin administration during the percutaneous thromboaspiration procedure. If indeed heparin was given during the procedure with no bleeding complication, some form of bridging therapy with a combination of a short acting glycoprotein IIb/IIIa inhibitor and heparin<sup>2</sup> or heparin only therapy<sup>2</sup> could be safely given during the perioperative period without antiplatelet cover to reduce the risk of stent thrombosis. The choice of unfractionated heparin as bridging therapy maybe more appropriate especially if there was concern of bleeding as unfractionated heparin is easier to manage with short half life, and readily available antidote although glycoprotein IIb/IIIa inhibitor is a more potent platelet inhibitor.

The angiogram pictures revealed the patient's identity. More care should have been given by the authors to remove any patient identifying material. Finally, I congratulate the authors for the successful treatment of perioperative very late stent thrombosis with thromboaspiration strategy only.

## REFERENCES

1. Perioperative Very Late Stent Thrombosis treated with Thrombosuction. S Sikdar, D Kumar, S Basu, V Mohanty, J Naik, S Banerjee. *Med J Malaysia* 2012; 67(1): 129-130.
2. The Cardiac Society of Australia and New Zealand. Guidelines for the management of antiplatelet therapy in patients with coronary stents undergoing non-cardiac surgery. *Heart Lung Circ.* 2010;19:2-10.

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