Management of aspirin intolerance in patients undergoing PCI: the role of mono-antiplatelet therapy - A retrospective multicentre study

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THEME: Coronary Interventions

AIMS
Aim of our study is to retrospectively evaluate the safety and efficacy of mono-antiplatelet therapy, including new P2Y12 inhibitors, in patients with aspirin intolerance who underwent a PCI.

METHODS AND RESULTS
From January 2006 to June 2016 all patients with a diagnosis of: "aspirin intolerance", "aspirin hypersensitivity" or "aspirin allergy" and treated by means of PCI in the tree institution involved in the study were included if discharged with a mono-antiplatelet therapy. A twelve month follow-up visit was performed. Data about coronary artery disease, aspirin intolerance and MACE were collected. Moreover, we compared the safety and efficacy on clopidogrel monotherapy with that one of new P2Y12 inhibitors.

We collected 70 patients, 25 (35%) women and 45 (65%) men, with a medium age of 71,8±10,6 years. An acute coronary syndrome was the clinical presentation in 47 (67,1%) patients with an NSTEMI in 19 (27,1%) of them. 46 patients (65,7%) were treated with clopidogrel and 24 (34,3%) with a new P2Y12 (15 patients with ticagrelor and 9 with prasugrel). The most common manifestations of aspirin intolerance were skin reactions in 35% of the patients and asthma in 17% of them. The most used stents were DES in 49 cases (70%). After a follow-up of 12 months, 18 (25,7%) patients suffered a new MACE, 5 (7,1%) died, 3 (4,3%) required a TVR and 10 (14,3%) patients a TLR. No significant differences were found between patients treated with clopidogrel monotherapy and new P2Y12 inhibitors monotherapy except for TLR(9 vs 0 p: 0,02).

CONCLUSIONS
The monotherapy with a mono anti-platelets therapy seems weighted by a high number of MACE. Current data do not support the use of anti-platelets monotherapy. When desensitization protocols are not applicable a monotherapy with a new P2Y12 seems to perform better than clopidogrel in long term management and target lesion revascularization prevention.