Letter by Lozano et al Regarding Article, “Increased Risk of Bleeding in Patients on Clopidogrel Therapy After Drug-Eluting Stents Implantation: Insights From the HMO Research Network–Stent Registry (HMORN-Stent)”

To the Editor:

We read with interest the article by Tsai et al regarding the risk of bleeding with clopidogrel after drug-eluting stents (DES). The authors observed an increase in bleeding events with clopidogrel, but also a reduction in myocardial infarction and death rate in some of the studied periods and pose the question about the optimal duration of double antiplatelet therapy after DES. Since the substitution of ticlopidine by clopidogrel in 1997 added to aspirin in the first month after placement of bare metal stents, we have assisted its progressive use with different and longer indications in various subsets of patients with coronary disease. Concretely, the current guidelines recommend double antiplatelet therapy for the first 12 months after DES but also during the first 9 to 12 months after any acute coronary syndrome, with or without ST-elevation. We believe that the benefits of clopidogrel must be counterbalanced with the risk of bleeding; however, not all the mentioned indications provide the same benefit, and DES represent the most important indication of clopidogrel. Although in acute coronary syndromes and despite the high number of patients included in the studies, no differences in terms of mortality with or without clopidogrel were found, the scenario after DES is completely different. The first cause of stent thrombosis is premature cessation of the antiplatelet therapy, and, unfortunately, we have learned the fatal consequences of the event. We believe that clopidogrel added to aspirin should be maintained after DES for the first 12 months despite the increase in bleeding events. In a cohort of 382 patients followed once every 3 months during the first year after DES in our center, 49 (12.8%) discontinued prematurely the double antiplatelet therapy after drug-eluting stents implantation: insights from the HMO Research Network-Stent Registry (HMORN-stent). Circ Cardiovasc Interv. 2010;3:230–235.

References


