

Low Dose Aspirin Desensitization Protocol is Safe and Efficient Prior Coronary Intervention in Allergic patients

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Abstract 146

Background

- Up to 1% of patients referred to the coronary care unit of our centre, describe a previous episode of Aspirin hypersensitivity (AA)
- Further use of AA and combined anti-platelet therapy is therefore compromised in these pts, particularly prior to coronary intervention.

Hypothesis

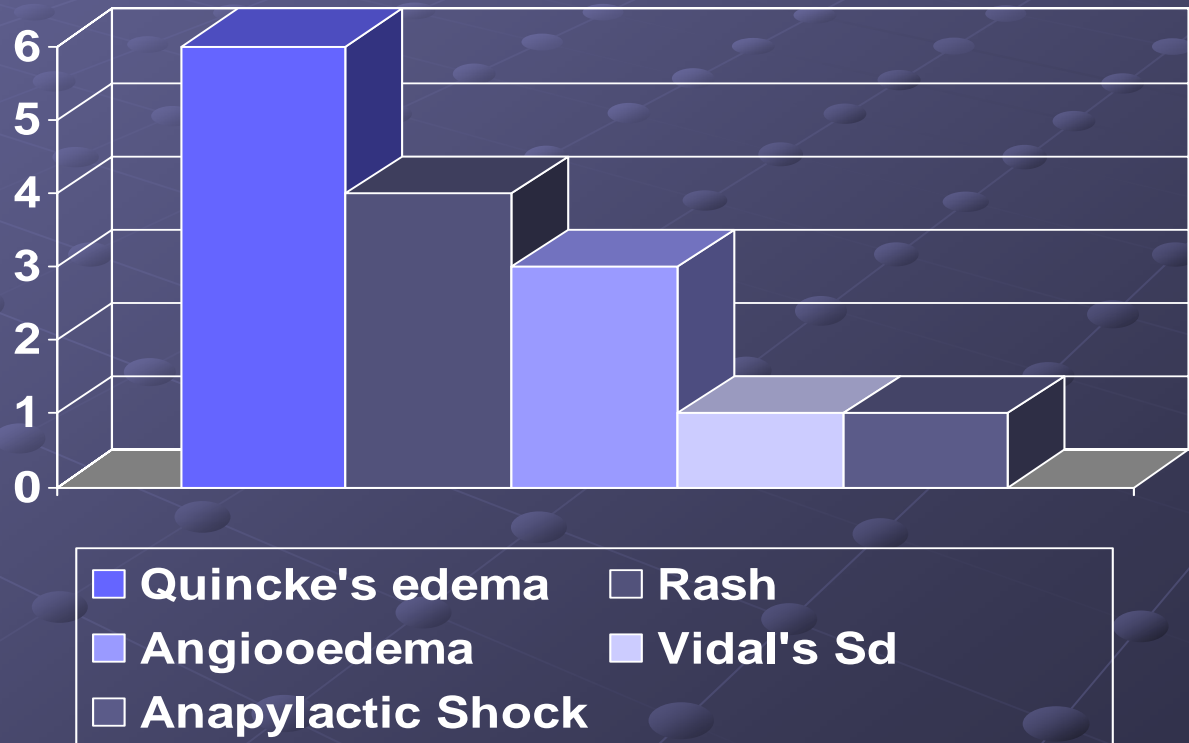
- An easy-to-use, Low Dose AA Desensitization Protocol can be used safely to achieve an efficient anti-aggregation before semi-urgent or elective coronary intervention.

Population (1)

- Prospective follow-up Study
- 15 pts (10M:5F, Mean age: 62 ± 11 years)
- Mean follow-up: 10 ± 3 months
- AA Desensitization Protocol in All
- All had coronary artery disease with an indication to AA treatment

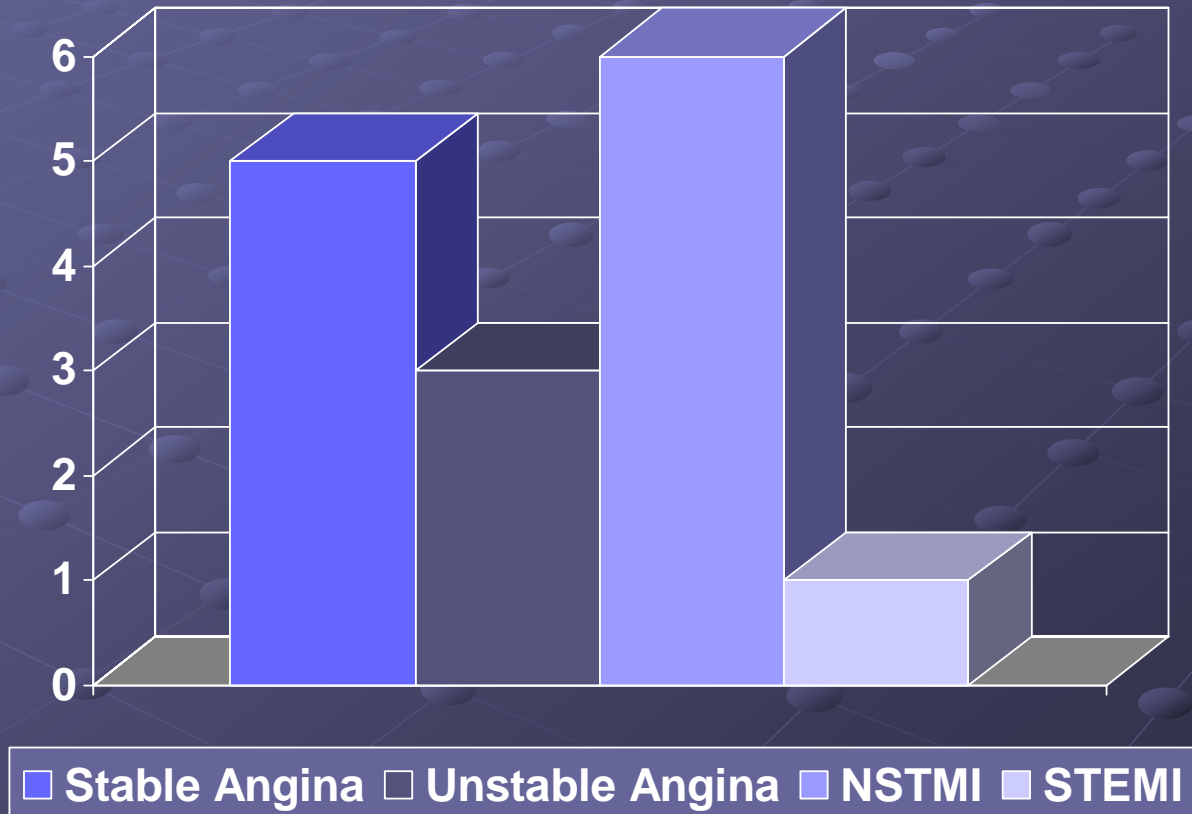
Population (2)

● Expression of AA hypersensitivity in the past:



Population (3)

- Indication to AA treatment



Protocol Desensitization

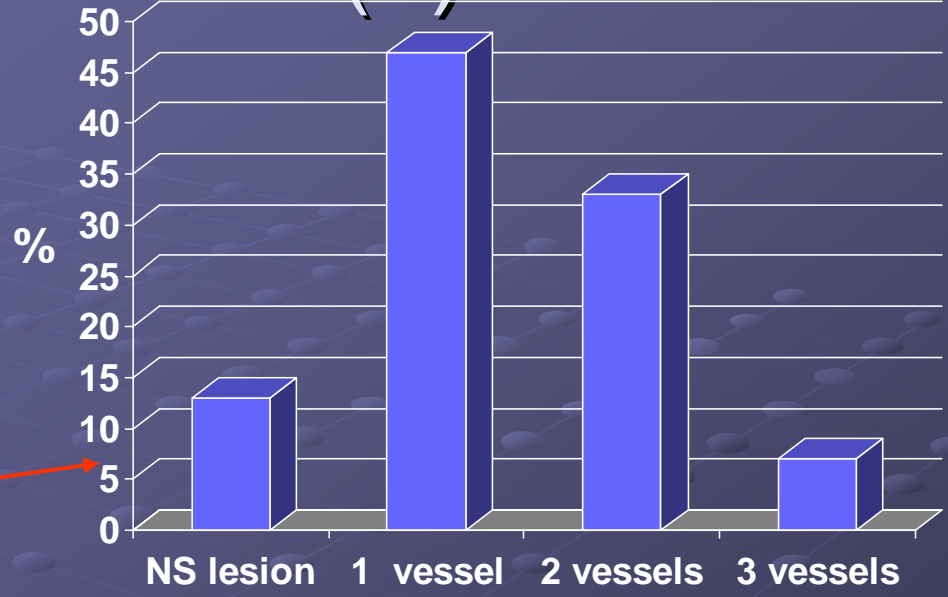
- 100% of patients at Day 3
- An initial dose of 63 mg of AA given in 6 fractionated doses over 3 hours (first day)
- 75 mg of AA in 2 doses over an hour (second day)
- 75 mg at one time the third day.

Results(1)

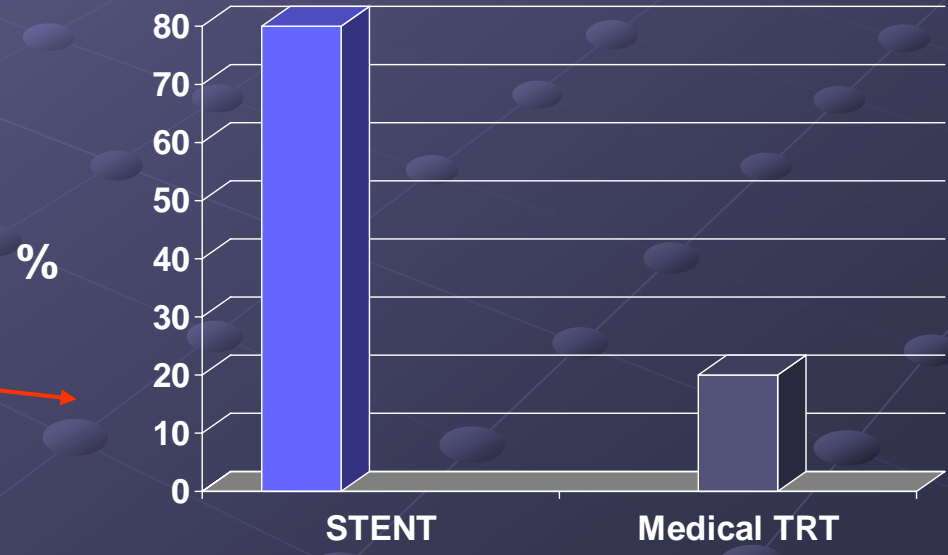
- A single vessel disease was identified in 47% of pts,
- Two-vessel disease in 33%
- Three-vessel disease in 7%
- Non-significant coronary artery disease in 13%.
- Coronary stenting was performed in 80% of pts and 20% had a medical treatment following angiogram.

Results(2)

● Coronary arteries disease



● Treatment



Results(2)

- None of the pts presented any immediate allergic reaction during AA desensitization
- At the end of the follow-up all pts (100%) could be continued on AA without long term allergic complications.
- None of them were readmitted for acute coronary syndromes or coronary interventions and there were no recurrence of angina.

Conclusion

- AA desensitization can be achieved easily and safely with a low dose protocol, allowing rapid initiation of antiplatelet therapy with an early revascularization strategy even in patients with previous severe allergic reactions.