

# SAFETY OF ANTIPLATELET PRETREATMENT IN NON-ST-ACUTE CORONARY SYNDROME



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## Objectives

To determine the incidence of bleeding in patients with non-ST-segment elevation acute coronary syndrome (NST-ACS) after antiplatelet pretreatment.

To determine the percentages of patients diagnosed with acute aortic syndrome, pulmonary embolism, or stroke after pretreatment for initially misdiagnosed NST-ACS.

To analyze delays in coronary-artery bypass grafts (CABG) in relation to pretreatment.

## Materials and Methods

This prospective observational single-center study (June 2021–February 2022) included 172 consecutive patients with NSTEMI-ACS

undergoing coronary angiography. This research has been approved by an ethical committee.

Bleeding risk was assessed with ARC-HBR score.

Patients were monitored in hospital for bleeding (TIMI and ISHT) criteria, acute aortic syndrome, pulmonary embolism, and stroke.

We analyzed indications for emergency CABG and delays related to pretreatment.

We used logistic regression to identify variables associated with bleeding.

## Results

Age	68,7
Gender (female)	24,4%
Active smoking	21,5%
Hypertension	72,7%
Diabetes Mellitus	39,5%
Dyslipidemia	69,8%
CKD	23,8%
Atrial Fibrillation/flutter	16,3%
CAD	37,2%
Chronic antithrombotic therapy	
- None	41,9%
- SAPT	30,8%
- DAPT	16,3%
- OAC	8,1%
- OAC+SAPT	2,9%
Crussade score	31,9
Grace score	111,9
Coronary angiography indication	
- Unstable angina	29,7%
- NSTEMI	65,1%
- Others (Tako-Tsubo syndrome, myocarditis...)	5,3%
Time from P2Y <sub>12</sub> inhibitor loading dose to coronary angiography	
- <24h	49,1%
- >24h	50,9%
Tirofiban during PCI	10%

All received proton-pump inhibitors; 76,6% received antiplatelet pretreatment. Radial artery access was used for coronary angiography in 96,5%. Criteria for high bleeding risk were met by 39%.

No major bleeding occurred. Only 4 (2,3%) patients had minor bleeding; all 4 had high bleeding risk, and 3 were undergoing treatment for cancer.

Bleeding events were associated with high bleeding risk, active cancer, and low hemoglobin at admission ( $p < 0,05$ ).

No cases of acute aortic syndrome, pulmonary embolism, or stroke were observed. CABG was necessary in 11 (6.4%) patients, none of whom required emergency surgery. Pretreatment did not delay CABG in any patients.

## Conclusions

**Pretreatment was safe and did not delay CABG. No cases were misdiagnosed as acute aortic syndrome, pulmonary embolism, or stroke.**

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