



## TAILORED ANTITHROMBOTIC THERAPY: A CASE OF NON-ST-ELEVATION MYOCARDIAL INFARCTION



# PATIENT

man, 67 years old

## Cardiovascular risk factors

- dyslipidemia
- high blood pressure
- history of smoking

## Comorbidity

- MGUS

## therapy

none

# IN PS

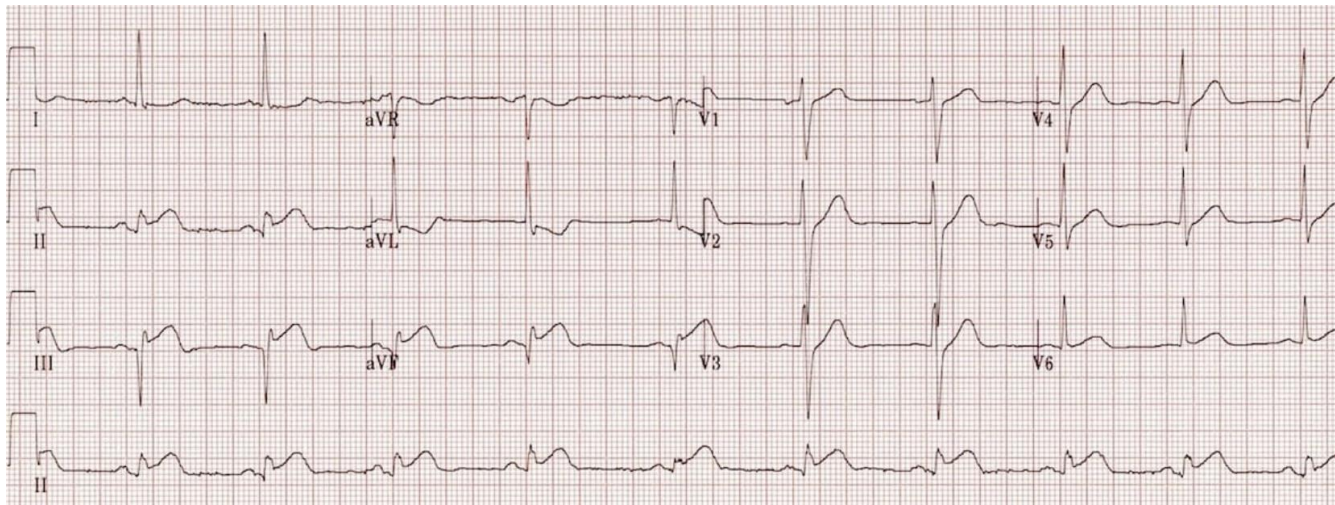
Epigastric pain

Diaphoresis



## ECG:

ST-segment elevation in the inferior leads



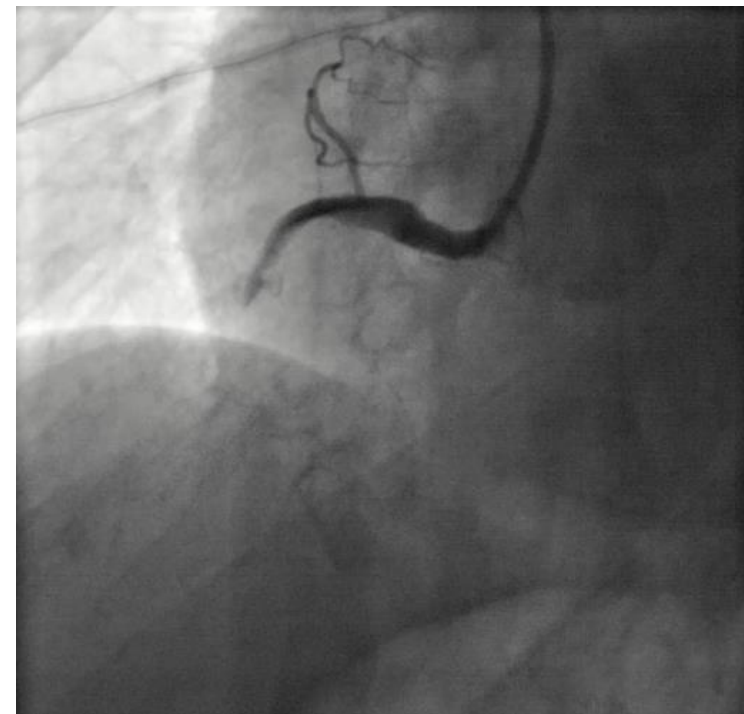
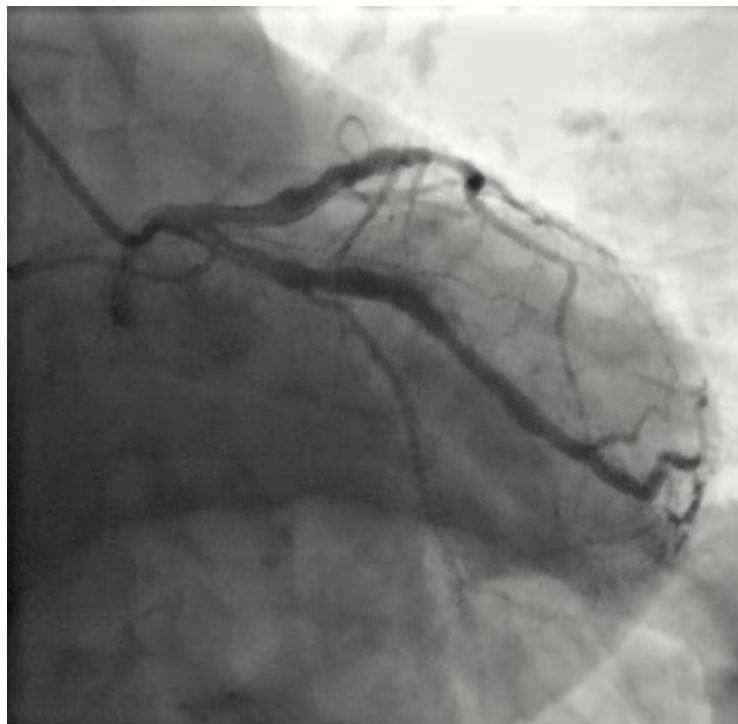
## VP

BP: 100/60 mmHg

HR 60 mmHg

SpO2 97% in aa

# CATH LAB



LAD: Calcific atheromatosis in the proximal segment.  
Left Circumflex: 60% stenosis in the atrioventricular segment.  
Right Coronary Artery: Proximal thrombotic occlusion.

# PRIMARY ANGIOPLASTY

4 DES su RCA

Which antithrombotic therapy is the best for this patient?

- ASA + Ticagrelor
- ASA + Clopidogrel
- ASA + NAO + Clopidogrel

# PRIMARY ANGIOPLASTY

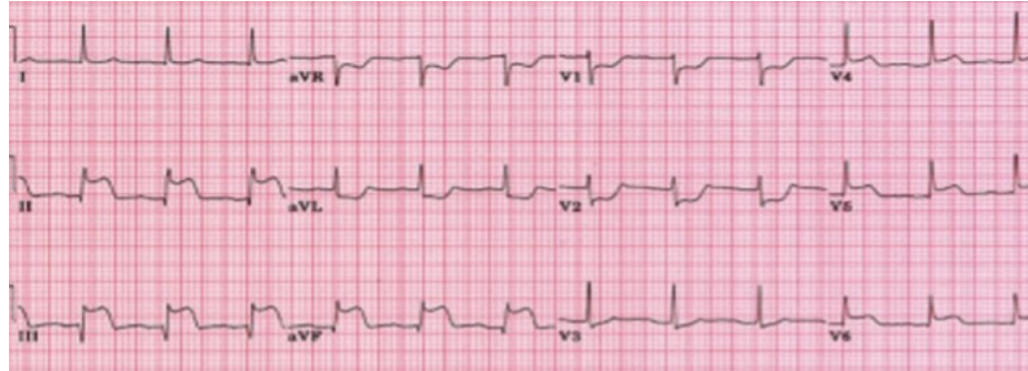
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Which antithrombotic therapy is the best for this patient?

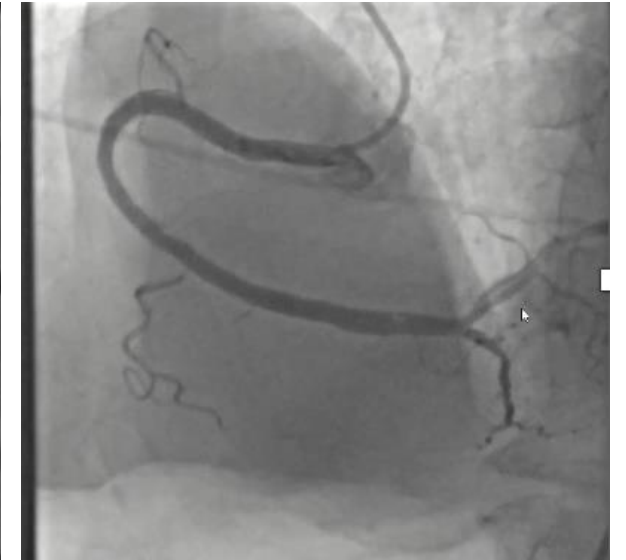
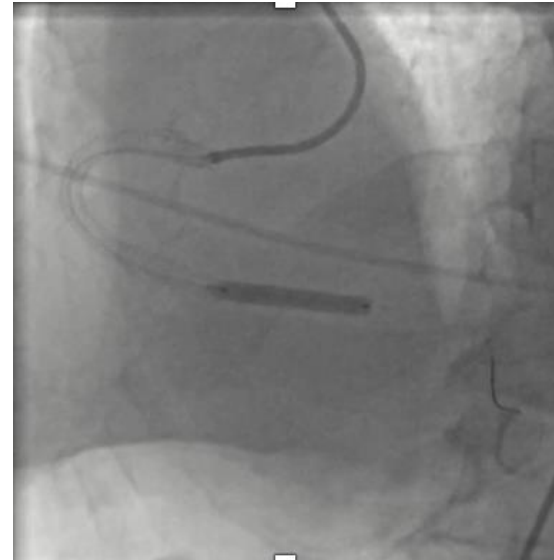
- ASA + Ticagrelor**
- ASA + Clopidogrel
- ASA + NAO + Clopidogrel

## THE DAY AFTER: NEW EPISODE

**In the Cardiac Intensive Care Unit**  
New episode of chest pain with cold sweats similar to the previous one.



Nitroglycerin IC 1.7 ml/min  
Morphine 1 mg



Intrastent Thrombosis ( IM 4b): DES Onyx 4 x 26 mm



## Changes in antithrombotic Therapy?

IC DI EPTIFIBATIDE + ASA + TICAGRELOR

IC DI EPTIFFIBATIDE + ASA + PRASUGREL

ASA + PRASUGREL





## Changes in antithrombotic Therapy?

- IC DI EPTIFIBATIDE + ASA + TICAGRELOR
- IC DI EPTIFFIBATIDE + ASA + PRASUGREL**
- ASA + PRASUGREL

## DURING HOSPITALIZATION

Platelet aggregation study: Rotem Platelet Analyzer → Platelet aggregation mediated by ADP, TRAP, and arachidonic acid adequately inhibited."



7-day angiographic control:  
Good patency of the stents.

## AFTER ONE MONTH

ED access lamenting chest pain

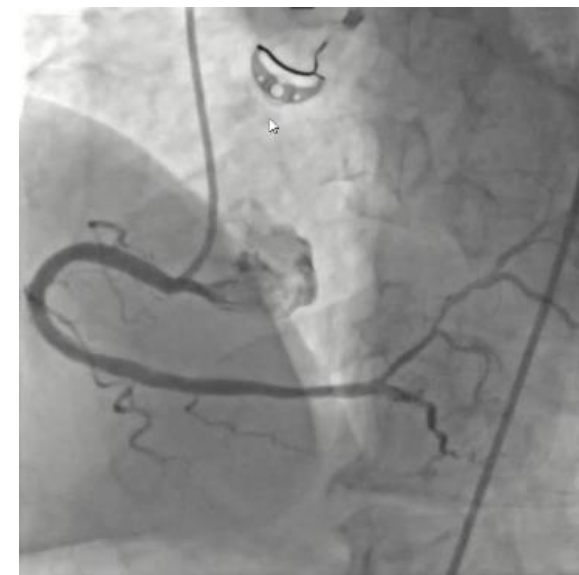
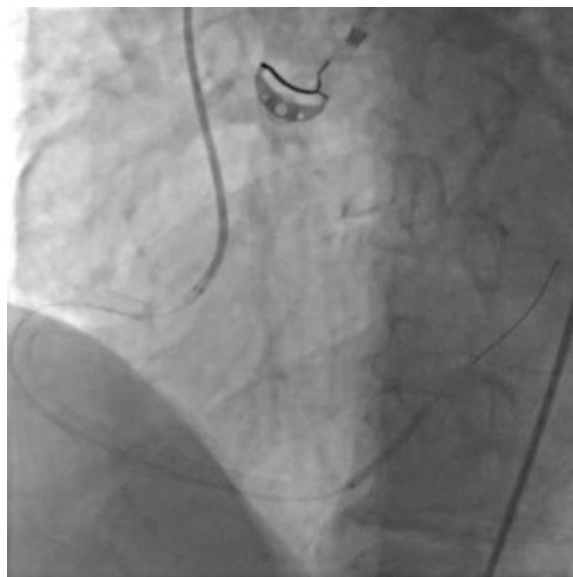
**ECG**: Signs of prior inferior necrosis, nonspecific abnormalities in repolarization

**Lab**: Tnl (0) 17 - Tnl (I) **3850**

**Telemetric monitoring** in the Emergency Department: Atrial fibrillation pharmacologically cardioverted with intravenous Cordarone.

NSTEMI (Grace score 106)

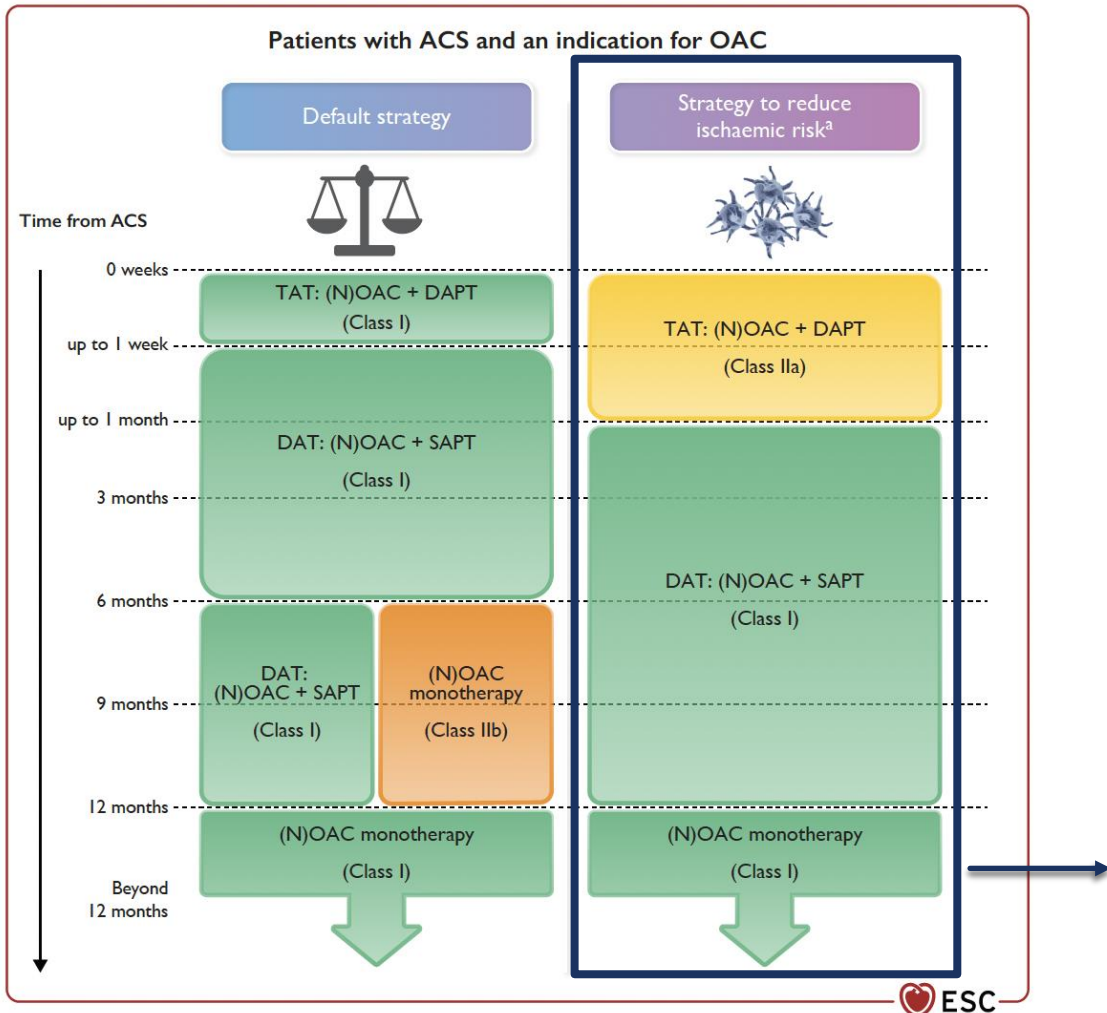
## CATH LAB (3)



Thrombotic subocclusion in the mid-segment of the posterolateral branch

Angioplasty with balloon Mini Trek 2 x 15 mm and Trek 2.5 x 125 mm

# AT DIMISSION



No mechanical or arrhythmic complications

CLOPIDOGREL + APIXABAN + ASA for one month  
 CLOPIDOGREL + APIXABAN for 12 months  
 APIXABAN indefinitely

Level of evidence B

Data derived from a single randomized clinical trial or large non-randomized studies.

Discontinuation of antiplatelet treatment in patients treated with an OAC is recommended after 12 months.<sup>324,325</sup>

I

B

# CONCLUSIONS



The antithrombotic therapy represents a dynamic treatment that must be tailored to the patient's characteristics and the assessment of their ischemic/bleeding risk, which changes over the course of events.



In patients with acute coronary syndrome (ACS) requiring anticoagulant therapy, guidelines suggest discontinuing dual antithrombotic therapy after 12 months in favor of single therapy with non-vitamin K antagonist oral anticoagulants (NOACs).



In complex patients with a high thrombotic burden and a history of recurrent acute events, a targeted evaluation may be necessary for a more effective antithrombotic therapy to be used after the initial 12 months of treatment



Further studies are needed to identify the optimal treatment strategy to reduce long-term ischemic events.