EDITORIAL COMMENT

Antithrombotics without intracoronary thrombus. The case of Takotsubo Syndrome

Antitrombóticos sem trombo intracoronário. O exemplo da Síndrome de Takotsubo

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The paper by Pereyra et al. published in this issue of the Journal, based on the RETAKO Registry (Registry on Takotsubo Syndrome), studies a topic of major controversy and for which scientific evidence is scarce.

The question to be answered is nothing more than discovering the impact of antiplatelet therapy (APT) after acute coronary syndrome (ACS) in patients diagnosed with Takotsubo Syndrome (TTS), which is, by definition without significant obstructive coronary lesions, possibly with atherosclerotic plaques, but with a lumen reduction of <50%.

The authors analyzed a series of 544 TTS survivors, 321 of whom were discharged on APT (aspirin and/or P2Y12 inhibitors) and 221 did not receive these drugs. Patients were followed for a mean time of 10.6 months, this period being 13.2 months in the group with APT and 7.2 months in the group without APT.

The group on APT was the clinically less severe group and probably for this reason also had a shorter hospital stay.

Total mortality in an unadjusted analysis was lower in the APT group (hazard ratio (HR) 0.325; 95% confidence interval (CI) 0.146-0.880, p=0.025) and after multivariate adjustment that benefit remains (HR 0.315; 95% CI 0.106-0.943, p=0.039).

The effect on hospital readmissions was also positive in an unadjusted analysis (HR 0.439; 95% CI 0.211-0.915, p=0.028), however, this benefit was lost after adjustment for potential confounders (HR 0.486; 95% CI 0.227-1.041, p=0.064).

Finally, the composite of death and hospital readmissions showed favorable behavior, both in unadjusted analysis (HR 0.39; 95% CI 0.215-0.705, p=0.002) and in adjusted multivariate analysis (HR 0.318; 95% CI 0.164-0.619, p=0.001).

The scientific evidence supporting the use of APT in patients after ACS without obstructive coronary disease, is very scarce and has no support based on clinical trials. To complicate matters, we found contradictory results in the literature.

While some small studies show some benefit, a meta-analysis was published showing results in the opposite direction, giving a good idea of the controversy that this topic generates.

In the aforementioned meta-analysis, Francesca Rizzetto et al. analyzed six studies with 1997 patients, the vast majority of whom had long-term follow-up information.

The analysis revealed a higher incidence of events either in the composite endpoint of multiple events (OR: 1.54;
The absence of obstructive plaques in the coronary lumen is not enough to give reassurance, either in patients with TTS or MINOCAs. The clinical profile of the patient must weigh in on the decision, which will always be individualized. If, at the time of admission of patients with TTS, the therapeutic approach is the one that is standardized in the guidelines for patients with SCA, including mandatory dual APT, at the time of discharge or at the first follow-up visit, it must be reviewed.

In the absence of evidence for the maintenance of dual APT, single APT therapy should be considered based on the patient atherothrombotic risk profile. According to age, the presence of co-morbidities, especially type 2 diabetes, in menopausal women, as well as in other concomitant manifestations of atherosclerotic disease, APT should be considered in the final decision.

Conflicts of interest

The author has no conflicts of interest to declare.

References