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CASE AND RESEARCH LETTERS

# Comment About Patients With Dual Antiplatelet Therapy

## Acerca de los Pacientes con Doble Antiagregación

*To the Editor:*

We have read with great interest the article by Dr. Bassas et al regarding the use of antiplatelet and anticoagulant treatment in dermatological surgery. We would like to congratulate the authors on their excellent and exhaustive review.[1]

We agree with their conclusion: there is no scientific evidence supporting the withdrawal of antiplatelet therapy in dermatological surgery settings, and it is preferable to bear with the inconvenience implied by maintenance rather than assume the serious thrombotic risk implied by withdrawal.[2,3] Nonetheless, there are no agreed guidelines and the literature is extensive and contradictory. Furthermore, old habits die hard, and therapy often continues to be suspended 7 to 10 days before surgery. In an American study published in 2007, in which anonymous questionnaires surveying routine practice were sent to 720 dermatological surgeons (with a 38% response rate), primary and secondary antiplatelet therapy was suspended in 87% and 37% of cases, respectively.[4] Comparison of these results with those obtained in a similar study carried out in 2002 clearly appears to indicate that there is an increasing tendency to withdraw therapy.[5]

When deciding whether or not to suspend antiplatelet therapy, it is important to assess both the risk of hemorrhage—which is considered to be low for dermatological surgery, although it depends on the part of the body and the type of surgery—and the risk of thrombosis. It is also important to be aware of the indication for the therapy and to distinguish between patients receiving antiplatelet therapy for primary prevention (prophylaxis for patients at high risk for reasons of age, blood pressure, smoking, kidney failure, dyslipidemia, diabetes mellitus, or obesity) or secondary prevention (after an ischemic or thromboembolic episode).[2,4]

We wish to draw attention to the subgroup of patients for which it is now considered vital to maintain antiplatelet therapy, namely, patients receiving dual antiplatelet therapy with acetylsalicylic acid and clopidogrel following coronary revascularization surgery.[6,7] Cardiological and other medical associations recommend maintaining antiplatelet therapy for at least a year after the insertion of an antiproliferative drug-eluting stent for paclitaxel or sirolimus, given that premature withdrawal may lead to obstruction of the stent with disastrous consequences. In patients receiving dual antiplatelet therapy, the relative risk of bleeding is estimated to increase by 50%. For this reason, some authors recommend postponing the surgery, if at all possible, until treatment with clopidogrel is concluded.[5,6,7] In cases where surgery cannot be postponed, it is recommended to consult the cardiology and anesthesiology departments in order to agree on management.

## References

1. Bassas P, Bartralot R, García-Patos V. Anticoagulación y antiagregación en dermatología. Actas Dermosifiliogr. 2009;100: 7-16.
2. Alan M, Goldberg H. Serious adverse vascular events associated with perioperative interruption of antiplatelet and anticoagulant therapy. Dermatol Surg. 2002;28:992-8.
3. Bertrand ME. When and how to discontinue antiplatelet therapy. Eur Heart J Suppl. 2008;10(Supp A):A35-41.
4. Kirkorian AY, Moore BL, Siskind J, Marmur ES. Perioperative management of anticoagulant therapy during cutaneous surgery: 2005 survey of Mohs surgeons. Dermatol Surg. 2007;33: 1189-97.
5. Kovich O, Otley CC. Perioperative management of anticoagulants and platelet inhibitors for cutaneous surgery: a survey of current practice. Dermatol Surg. 2002;28:513-7.
6. Thachil J, Gatt A, Martlew V. Management of surgical patients receiving anticoagulation and antiplatelet agents. Br J Surg. 2008;95:1437-48.

7. Grines CL, Bonow RO, Casey DE, Gardner TJ, Lockhart PB., Moliterno DJ, et al. Prevention of premature discontinuation of dual antiplatelet therapy in patients with coronary artery stents. A science advisory from the American Heart Association, American College of Cardiology, Society for Cardiovascular Angiography and Interventions, American College of Surgeons, and American Dental Association, with representation from the American College of Physicians. Circulation. 2007;115:813-8.

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