Safety of Antiplatelet Pretreatment in Non-ST-segment Elevation 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 analyse delays in coronary-artery bypass grafts (CABG) in relation to pretreatment.

Materials and methods: This prospective observational single-centre study (June 2021–February 2022) included patients with NSTE-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 analysed indications for emergency CABG and delays related to pretreatment.

We used logistic regression to identify variables associated with bleeding.

Results: We included 172 consecutive patients (mean age, 68.7 years). 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 haemoglobin 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.

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