Letter to the Editor

Response to "Comment on Sticky Platelet Syndrome"

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Semin Thromb Hemost 2014;40:274.

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The letter referring to our article¹ on sticky platelet syndrome (SPS) by G. J. Ruiz-Arguelles² is both valuable and very interesting, as it refers to new prospective data³ from a rather large patient cohort (n = 55) on this syndrome that were not available at the time of the preparation of our original review.¹ These data are in concordance with the published as well as our own experience and confirm that antiplatelet drugs such as acetylsalicylic acid (ASA) are efficient in both treatment of thrombosis and prevention of rethrombosis in this syndrome. In our cohort of 270 patients, we observed comparable (e.g., low $\leq 5\%$) rates of rethrombosis and normalization of aggregation pattern after the initiation of the antiplatelet therapy in the vast majority (> 90%) of patients. In most cases, these results were achieved solely by the treatment with ASA.¹

However, it is important to mention that such treatment could be applied to the cases with an isolated defect. In combined defects (e.g., SPS with FV Leiden/PII20210/etc.), the situation may be more complex.

References

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- ³ Velázquez-Sánchez-de-Cima S, Zamora-Ortiz G, Hernández-Reyes J, et al. Primary thrombophilia in Mexico X: a prospective study of the treatment of the sticky platelet syndrome (e-pub ahead of print). Clin Appl Thromb Hemost 2013; doi: 10.1177/1076029613501543

published online February 4, 2014 Issue Theme Quality in Hemostasis and Thrombosis, Part III; Guest Editors, Emmanuel J. Favaloro, PhD, FFSc (RCPA), Giuseppe Lippi, MD, and Mario Plebani, MD. Copyright © 2014 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA. Tel: +1(212) 584-4662. DOI http://dx.doi.org/ 10.1055/s-0034-1367474. ISSN 0094-6176.