Modulatory effect of platelet turn-over on the inhibitory effect of ASA among post-CABG patients.

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Purpose
- A reduced inhibitory effect of ASA has been observed among post-CABG patients.
- The objective was to study the relationship between changes in platelet number/platelet turn-over and the reduced antiplatelet effect of ASA.

Hypothesis
- Inflammation and CABG lead to impaired antiplatelet effect of ASA.

Methods
- Patients underwent echocardiography and CABG.
- Platelet count was monitored after CABG.
- Antiplatelet effect was assessed using a platelet aggregation test.
- Data analysis was performed using STATA 9.0.

Results
- There were no deaths during the follow-up period; 3 patients underwent re-surgery to treat bleeding: 2 from G100 and 1 from G100x3.
- No new Q waves in EKG.

Antiplatelet effect
- Patients with MDA > 16.3 at T2 and T3.
- ANOVA (G100 vs G300 vs G100x3) with post-hoc comparison using Tukey's test.
- Patients were divided into tertiles based on MDA levels.

Limitations
- Reduced number of patients. Pilot study.
- Single center.
- Larger studies are needed.

Conclusions
- Reduced antiplatelet effect of ASA post-CABG is related to increased platelet count (Platelet turn-over).
- Once daily administration of ASA may not be enough to inhibit daily new platelets (independently of the 100 or 300 mg doses).
- In light of the half-life of ASA, it seems rationale to divide ASA treatment in low doses during the day.