PCI A DAPT U NEMOCNÉ S CHRONICKOU ICHS A RECIDIVUJÍCÍMI IM

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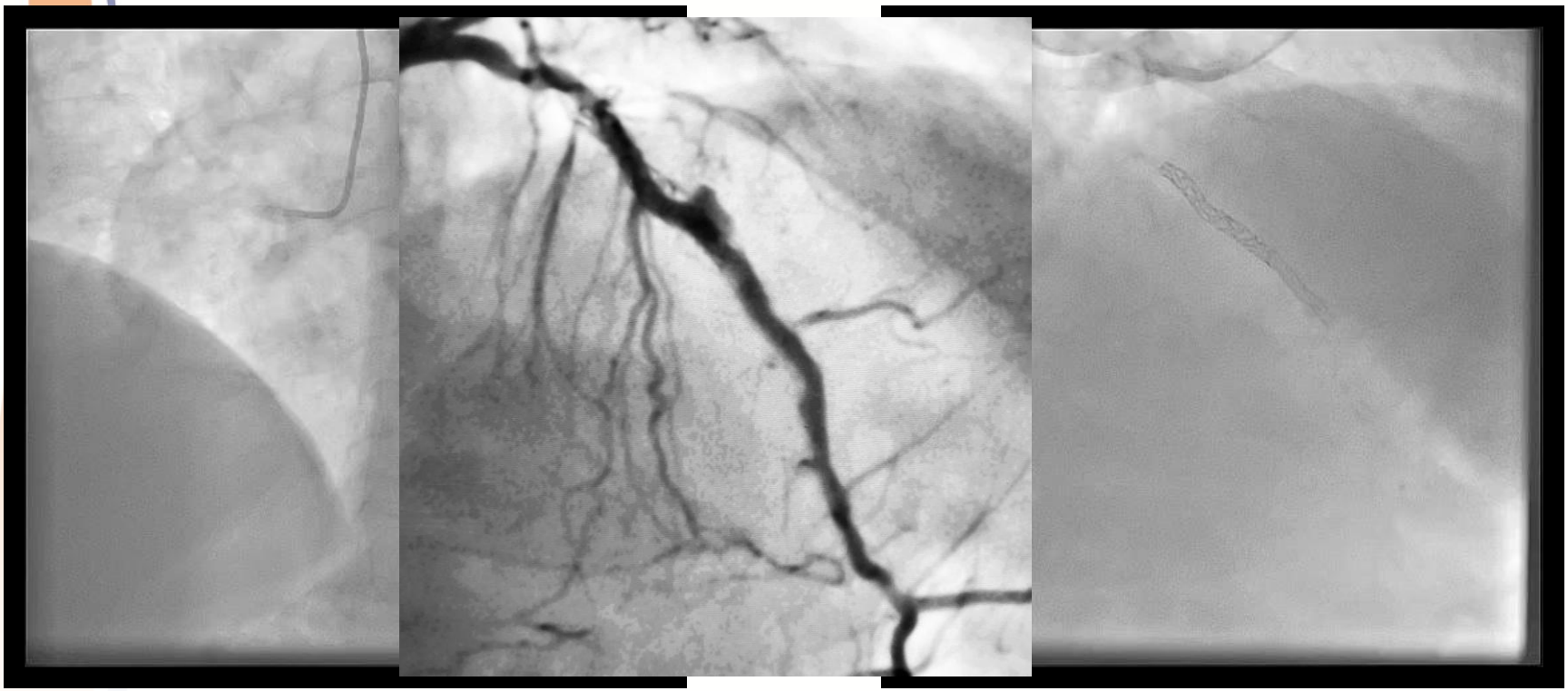
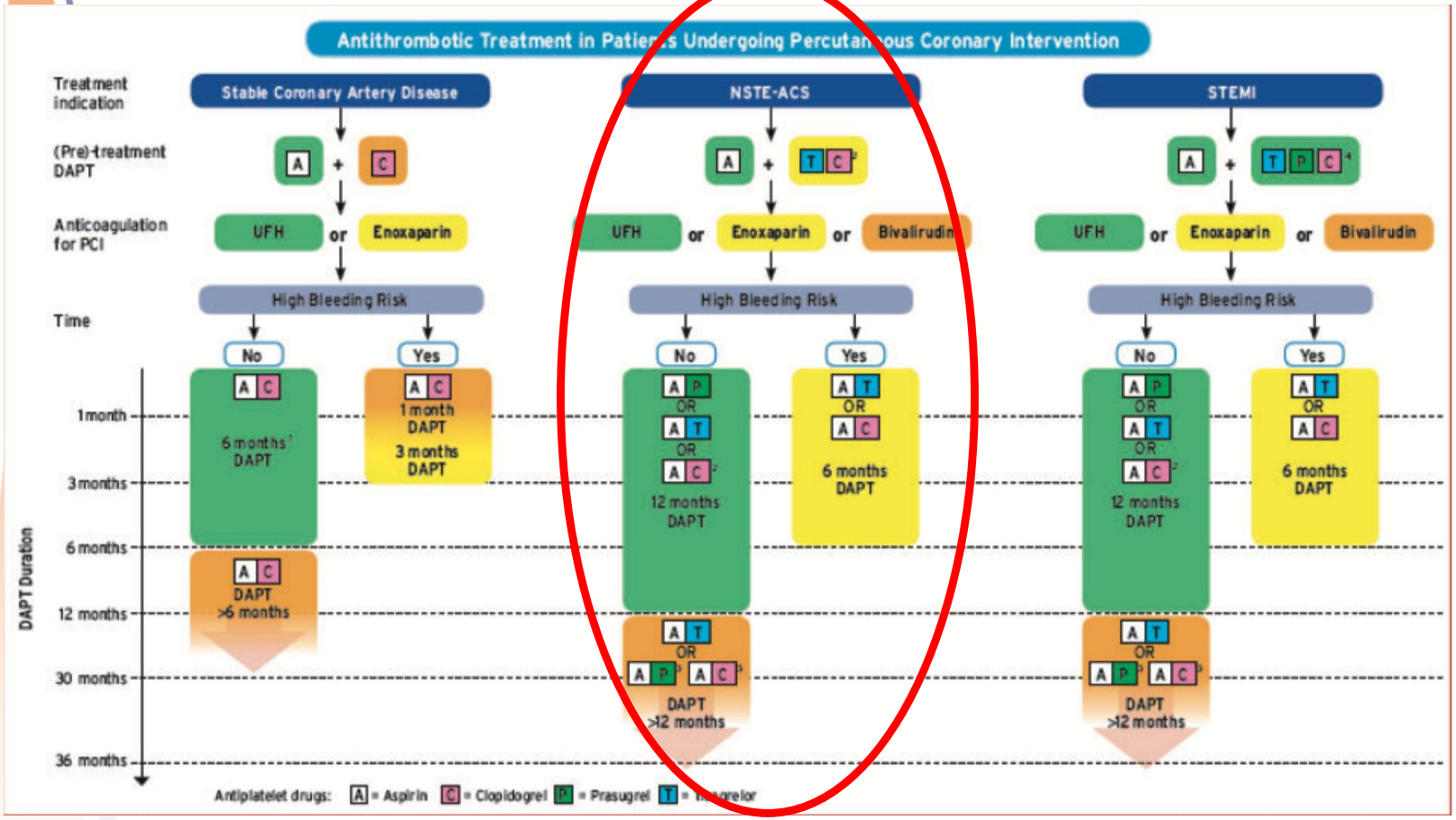
- žena, 77 let
- kuřačka, DM na PAD, art. hypertenze, VCHGD
- Stp.opakovaných STEMI (přední-1995 a spodní-2002) a st.p. opak. PCI
- 4/2017 přijata pro NAP s vývojem v NSTEMI
- ECHO: dobrá systolická funkce LK EF 60%, středně významná mitrální insuficience, lehká dyskineza posterobazálně
- SKG – chron. kolateralizovaný uzávěr ACD, RMS2, dist. RC, významná ISR RIA

- POBA RIA s DEB (paclitaxel)

SKG + PCI



Doporučení


Antithrombotic Treatment in Patients Undergoing Percutaneous Coronary Intervention
Treatment indication
Stable Coronary Artery Disease
NSTE-ACS
STEMI
(Pre)-treatment DAPT
Anticoagulation for PCI
UFH
or
Enoxaparin
Bivalirudin
High Bleeding Risk
Time
No
Yes
1 month
3 months
6 months
12 months
30 months
36 months
DAPT Duration
6 months DAPT
1 month DAPT
3 months DAPT
DAPT >6 months
12 months DAPT
6 months DAPT
DAPT >12 months
Antiplatelet drugs:
A = Aspirin
C = Clopidogrel
P = Prasugrel
T = Ticagrelor

Doporučení

Recommendations for post-interventional and maintenance treatment in patients with non-ST-elevation acute coronary syndromes and ST-elevation myocardial infarction undergoing percutaneous coronary intervention

Recommendations	Class[a]	Level[b]
In patients with ACS treated with coronary stent implantation, DAPT with a $P2Y_{12}$ inhibitor on top of aspirin is recommended for 12 months unless there are contraindications such as an excessive risk of bleeding (e.g. PRECISE-DAPT ≥25).[701,702,722,723]	I	A
In patients with ACS and stent implantation who are at high risk of bleeding (e.g. PRECISE-DAPT ≥25), discontinuation of $P2Y_{12}$ inhibitor therapy after 6 months should be considered.[729,730]	IIa	B
In patients with ACS treated with BRS, DAPT should be considered for at least 12 months and up to the presumed full absorption of the BRS, based on an individual assessment of bleeding and ischaemic risk.	IIa	C
De-escalation of $P2Y_{12}$ inhibitor treatment (e.g. with a switch from prasugrel or ticagrelor to clopidogrel) guided by platelet function testing may be considered as an alternative DAPT strategy, especially for ACS patients deemed unsuitable for 12-month potent platelet inhibition.[717]	IIb	B
In patients with ACS who have tolerated DAPT without a bleeding complication, continuation of DAPT for longer than 12 months may be considered.[700,731]	IIb	A
In patients with MI and high ischaemic risk[c] who have tolerated DAPT without a bleeding complication, ticagrelor 60 mg b.i.d. for longer than 12 months on top of aspirin may be preferred over clopidogrel or prasugrel.[732–734]	IIb	B
In ACS patients with no prior stroke/TIA, and at high ischaemic risk as well as low bleeding risk, receiving aspirin and clopidogrel, low-dose rivaroxaban (2.5 mg b.i.d. for approximately 1 year) may be considered after discontinuation of parenteral anticoagulation.[720]	IIb	B

Doporučení

1. ASA + clopidogrel na 12 měsíců
2. po 12 měsících pokračováno monoterapií ASA