

Letter to the Editor

Response to “Comment on *Sticky Platelet Syndrome*”

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The letter referring to our article¹ on sticky platelet syndrome (SPS) by G. J. Ruiz-Argüelles² 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