Response to “Comment on Sticky Platelet Syndrome”

Peter Kubisz, MD, PhD

1 Department of Hematology and Blood Transfusion, National Centre of Hemostasis and Thrombosis, Jessenius Faculty of Medicine in Martin, Comenius University in Bratislava, Martin, Slovakia


Address for correspondence Peter Kubisz, MD, PhD, Department of Hematology and Blood Transfusion, National Centre of Hemostasis and Thrombosis, Jessenius Faculty of Medicine in Martin, Comenius University in Bratislava, Martin, Slovakia (e-mail: kubisz@jfmed.uniba.sk).

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 ≤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