

LETTER TO THE EDITOR

Dual antiplatelet therapy and an anemia subtype



Doble antiagregación y subtipo de anemia

To The Editor,

I have read the article entitled "Dual antiplatelet therapy and hemoglobin level: An observational study" by Quinteiro-Alonso et al.¹ with great interest, recently published in *Semergen* 2015 Sep 18. The investigators reported that Dual antiplatelet therapy is associated with a decrease in Hb. Anemia or worsening of previous anemia appeared in about half of the subjects.¹

Anemia has been defined as an independent cardiovascular risk factor; its presence portends poor outcomes in patients with coronary artery disease. It is associated with higher rates of in-hospital mortality in patients with myocardial infarction². Anemia was classified using mean corpuscular volume as microcytic, normocytic, or macrocytic. Blood loss could result in a normocytic anemia, reflecting acute loss of blood cells along with blood volume, or a microcytic anemia due to iron deficiency in patients with chronic blood loss. Shishehbor et al.³ reported that patients with macrocytic anemia have the highest mortality after PCI compare to normocytic, and micrcytic anemia. Macrocytosis is considered a structural and functional abnormality of the erythrocyte membrane. The spectrum of etiologies associated with macrocytosis accompanied by anemia includes malnutrition, such as vitamin B12 and folate deficiency, use of chemotherapeutic and anticonvulsant agents, alcoholism with chronic liver damage⁴. As well as, macrocytosis is an independent predictor of adverse outcomes after PCI regardless of the presence or absence of anemia.⁵

In this context, it might be beneficial to evaluate adverse outcomes depending on subtypes of anemia after DES implantation.

Conflict of interest

None.

References

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