



Interventional Cardiology

TICAGRELOR MONOTHERAPY IN ASPIRIN-ALLERGIC PATIENTS POST-CORONARY STENTING AFTER ACUTE CORONARY SYNDROME: A CASE SERIES

Poster Contributions
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Background: A clinical dilemma occurs when patients who have undergone percutaneous coronary intervention (PCI) with stenting cannot tolerate dual antiplatelet therapy (DAPT) due to true allergy to aspirin and/or non-steroidal anti-inflammatory drugs (NSAIDs). Although the best management strategy is monotherapy with a potent P2Y₁₂-inhibitor such as ticagrelor or prasugrel, this is based on expert opinion and the efficacy and safety of this practice is unknown.

Methods: This is a case series of patients with true aspirin and/or NSAID allergies who received ticagrelor monotherapy after coronary stenting. Clinical outcomes of major adverse cardiac and cerebrovascular events (MACCE) and Bleeding Academic Research Consortium (BARC) bleeding (Type 2 and above) were tracked 6 months after the index PCI.

Results: We identified 12 patients discharged with ticagrelor monotherapy after receiving at least one coronary stent. All were male, 11 (92%) presented with ST-elevation myocardial infarction (STEMI) and 1 (8%) presented with unstable angina. Half (50%) received bare metal (BMS) and the other half received drug-eluting stents (DES). Five (42%) had documented aspirin allergies and the remainder had NSAID allergies. Seven (58%) had unsuccessful aspirin desensitization during their hospital stay while the remainder either refused, were deemed unsuitable for desensitization or were planned for outpatient desensitization. Of 12 patients, 11 (92%) had neither MACCE nor BARC bleeding events at 6 months. One patient who received BMS developed in-stent restenosis at 2 months after implantation. Seven patients (58%) were eventually switched to clopidogrel monotherapy after a median time of 171 days on ticagrelor.

Conclusion: To our knowledge, this is the first case series to report 6-month efficacy and safety outcomes of patients treated with ticagrelor monotherapy post-coronary stenting. The absence of adverse thrombotic and bleeding events observed suggests that ticagrelor monotherapy would be a viable option for patients who cannot tolerate aspirin. Our report adds to experience surrounding the use of this off-label regimen and management of a rare but clinically challenging scenario.