Letter To the Editor: Outcomes of Preoperative Antiplatelet Therapy in Patients With Acute Type A Aortic Dissection

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Dear Editor,

We have, in recent times, read with great interest the article entitled " Outcomes of Preoperative Antiplatelet Therapy in Patients With Acute Type A Aortic Dissection" by Xuan Jiang MD et al.[1] We highly appreciate the author's efforts towards this highly sensitive topic and it needs to be applauded by the readers.

We acknowledge the primary conclusion of the article that patients receiving antiplatelet therapy before having surgery for acute type A aortic dissection is associated with increased mortality and increased need for blood transfusions. However, some concerns appear, disturbing the validity of the study.

Even though the authors have highlighted the use of multiple different antiplatelet drugs before the surgery such as ticagrelor, clopidogrel and aspirin, there remains some factors that made an impact on the findings. Firstly, the authors should have considered the patients who are on Dual antiplatelet therapy because mortality and blood transfusion rate in patients using dual antiplatelet therapy is higher as compared to a single antiplatelet drug user.[2] Secondly, the authors should have widened their inclusion criteria and could have included patients with preoperative characteristic such as cardiac tamponade and lower systolic blood pressure, like the study of 2014 included these two as variables and found increased prevalence of mortality associated with these variables.[3]

Thirdly, the authors should have classified the patients using Debakey class 1,2 and Penn class A,B,C classifications. For example, a study in 2019 stated that the patients who experienced major bleeding were associated with Debakey class 1 and higher Penn class.[4] Lastly, the authors should have taken into consideration some measures while transferring a patient to the ICU to minimize the mortality rate. For example, a study of 2022 stated that patients on new oral anticoagulants required norepinephrine and other inotropic agents while transferring to ICU as compared to patients taking warfarin (Coumadin).[5]

In last, additional new studies should be conducted on patients receiving antiplatelet therapy before undergoing mitral valve surgery so that incidents leading to mortality goes down and prognosis becomes better.

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