plus cilostazol; triple group; n=521) antiplatelet therapy. The triple group received additional cilostazol at least for 1 month. Various major adverse cardiac events at 1 year were compared between these 2 groups. Compared with the dual group, the triple group had a similar incidence of major bleeding events but a significantly lower incidence of in-hospital mortality. Clinical outcomes at 1 year showed that the triple group had significantly lower incidences of cardiac death and total major adverse cardiac events than the dual group.

**Conclusions** Triple antiplatelet therapy seems to be superior to dual antiplatelet therapy in patients ACS undergoing PCI with drug-eluting stents.

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## TRIPLE VERSUS DUAL ANTIPLATELET THERAPY IN PATIENTS WITH ACUTE CORONARY SYNDROME UNDERGOING PRIMARY PERCUTANEOUS CORONARY INTERVENTION

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**Background** Following percutaneous coronary intervention (PCI), clopidogrel therapy in addition to aspirin leads to greater protection from thrombotic complications than aspirin alone. Whether triple antiplatelet therapy is superior or similar to dual antiplatelet therapy in patients with acute coronary syndrome undergoing PCI in the era of drug-eluting stents remains unclear.

**Objectives** To evaluate the effect of triple antiplatelet versus dual antiplatelet therapy in patients with acute coronary syndrome after PCI.

**Methods and results** We collected consecutive 1203 acute coronary syndrome patients undergoing drug-eluting stents implantation. They received either dual (aspirin plus clopidogrel; dual group; n=682) or triple (aspirin plus clopidogrel