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TRIPLE VERSUS DUAL ANTIPLATELET THERAPY IN PATIENTS WITH

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

Methods 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 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 two groups.

Results 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.