

Antithrombotic Therapy After Percutaneous Aortic Valve Implantation: Large Gaps for a Matter of Extreme Importance. Response



Tratamiento antitrombótico tras implante percutáneo de válvula aórtica: grandes lagunas para una cuestión de extrema importancia. Respuesta

To the Editor,

We thank Lozano et al. for their interest on our study.¹ We agree with these authors that strategies aiming to reduce major bleeding complications may positively affect clinical outcome.²

However, our findings suggest that dual antiplatelet therapy (DAPT) provides clinical benefits (in mortality and in stroke) compared with monoantiplatelet therapy, with no difference in major bleedings (15.5% in DAPT vs 17.2% in monoantiplatelet therapy, $P = .11$).

Our study should certainly be interpreted in light of the limitations highlighted in our article, such as the unbalanced distribution among the groups due to nonrandomized treatment allocation.

However, due to the paucity of available data from randomized trials (only 421 patients, as stressed by Lozano et al.), our study, including more than 6000 patients, certainly helps to shed light on the argument.

Our data are in step with the current guidelines of major scientific societies that recommend DAPT for 3 to 6 months after transcatheter aortic valve implantation (TAVI).³

Future large randomized trials are certainly needed to provide further data and potentially define the optimal antithrombotic strategy after TAVI. However, Lozano et al. will certainly agree that,

while these data are awaited, based on our study, DAPT can certainly be recommended after TAVI.

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