

Može li bazična prijetransplantacijska reaktivnost trombocita predvidjeti razvoj vaskulopatije presatka?

Can platelet reactivity before transplantation predict cardiac allograft vasculopathy development?

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Uvod: Vaskulopatija presatka je relativno česta komplikacija nakon transplantacije srca koja limitira dugoročnije preživljene bolesnika. Razvoj i progresija vaskulopatije je povezana s pojačanom reaktivnosti trombocita (RT).^{1,2} U ovom istraživanju ispitali smo povezanost prijetransplantacijske bazične razine RT-a i razvoja vaskulopatije presatka 12 mjeseci nakon transplantacije srca.

Pacijenti i metode: Analizirali smo prijetransplantacijsku RT kod 48 bolesnika pomoću prikrevetnog uređaja Multiplate koristeći adenozin difosfat kao agonist agregacije. Usporedili smo razinu RT skupine bolesnika koji su imali 12 mjeseci nakon transplantacije dijagnosticiranu vaskulopatiju transplantata klasičnom koronarografijom sa skupinom bolesnika bez koronarografskih znakova vaskulopatije.

Rezultati: Ukupno je pet bolesnika (10,4%) nakon 12 mjeseci razvilo vaskulopatiju transplantata. Prosječna RT u skupini s vaskulopatijom je bila 517 AUC (SD ± 178), dok je u skupini bez vaskulopatije bila 488 AUC (SD ± 230). Nije bilo statistički značajne razlike u RT između navedenih skupina (p=0,79).

Zaključak: Rezultati ukazuju da bazična vrijednost RT nije povezana s razvojem vaskulopatije godinu dana nakon transplantacije. Ove rezultate treba potvrditi na većem broju bolesnika uz upotrebu i drugih agonista agregacije trombocita. Reakcija primatelja na donorsko srce se mijenja s vremenom te bi bilo svrsishodno pratiti i temporalne promjene RT-a kako bi se zbilja ispitalo može li ovaj parametar poslužiti kao prediktor ili indikator razvoja vaskulopatije presatka.

Introduction: Cardiac allograft vasculopathy (CAV) is a relatively frequent complication after heart transplantation which limits long-term patient survival. CAV development and progression is related to enhanced platelet reactivity (PR).^{1,2} We sought to investigate the correlation between pre-transplant PR level and CAV development 12 months after heart transplantation.

Patients and Methods: We measured pretransplant PR of 48 patient using point of care platelet function testing device Multiplate. ADP was used as aggregation agonist. We compared PR levels patients who had CAV and patients without sings of CAV on coronary angiography 12 months after heart transplantation.

Results: Five patients (10.4%) developed CAV after 12 months. Mean PR was 517 AUC (SD ± 178) and 488 AUC (SD ± 230) in patients with and without sings of CAV, respectively. There was no statistically significant difference in PR between the study groups (p=0.79).

Conclusion: Our results show that baseline PR before transplantation is not linked with CAV development one year after heart transplantation. These results warrant further investigation on larger number of patients using other platelet activation agonists as well. Recipient reaction on donor heart changes with time. It would be reasonable to measure temporal PR changes to evaluate this parameter's usefulness to predict or indicate CAV development.

LITERATURE

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