Platelet Dysfunction in Intraparenchymal Hemorrhage

To the Editor:

The Cerebral Hematoma And NXY Treatment (CHANT) investigators found no association between the use of antiplatelet therapy (APT) and intraparenchymal hemorrhage (IPH) volume, growth, or outcome. In the paper and accompanying editorial, authors concluded that acute reversal of antiplatelet medications was not justified.\(^1\)\(^2\) The literature on the topic yields conflicting results with some papers\(^3\)\(^4\) supporting an association between APT use and reduced platelet function are common in patients with IPH, a few important questions need to be answered. It has yet to be determined whether measured platelet activity relates to APT use, the dose of APT used, or some other factor.\(^5\)\(^6\)\(^7\)\(^8\)\(^9\) An intriguing aspect of this study is that reduced platelet activity was measured, not assumed on the grounds of APT use. However, the reliability and validity of assays of platelet activity and their sensitivity to the effect of aspirin, let alone to that of clopidogrel, are not fully established.\(^11\)

Before suggesting that platelet function be assessed routinely in patients with IPH, a few important questions need to be answered. It has yet to be determined whether measured platelet activity relates to APT use, the dose of APT used, or some genetic or acquired cause of abnormal platelet function. A consensus is still lacking on the association of platelet activity and outcome after IPH.\(^2\)\(^3\)\(^9\) and there is no convincing evidence that acting on reduced platelet activity can lead to improved outcomes.\(^6\)

We commend Naidech et al for reviving this discussion. Both APT use and reduced platelet function are common in patients with IPH as is poor outcome. Given the inability of observational studies alone to resolve this issue, a rigorous evaluation of acute platelet infusion therapy in select patients with IPH seems warranted.

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Disclosures

None.


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Stroke. 2009;40:e645; originally published online September 24, 2009;
doi: 10.1161/STROKEAHA.109.561191
Stroke is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0039-2499. Online ISSN: 1524-4628

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