Cilostazol doesn't prevent periprocedural MI in ACS

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(HealthDay)—For patients with acute coronary syndrome (ACS)

undergoing percutaneous coronary intervention (PCI), adjunctive loading dose of cilostazol is not associated with prevention of periprocedural myocardial infarction (PMI), according to a study published online May 1 in *Cardiovascular Therapeutics*.

Ling-Xia Xu, from the Second Hospital of Tianjin Medical University in China, and colleagues randomized patients with ACS undergoing PCI to receive loading doses of dual antiplatelet therapy (aspirin plus clopidogrel; DAPT group, 57 patients) or triple antiplatelet therapy (aspirin plus clopidogrel plus cilostazol; TAPT group, 56 patients). Patients in the TAPT group received one week of adjunctive cilostazol.

The researchers found that the incidence of PMI was not significantly different in the TAPT and DAPT groups (32.1 and 47.4 percent, respectively; P = 0.098). Among antiplatelet-naive patients, TAPT correlated with a significant decrease in PMI incidence, compared with DAPT (17.9 versus 42.9 percent; P = 0.042). The incidences of PMI were similar among antiplatelet-treated patients (46.4 versus 51.7 percent; P = 0.698). There was an independent correlation for antiplatelet treatment versus antiplatelet naivety with PMI (hazard ratio, 2.45; 95 percent confidence interval, 1.09 to 5.52). TAPT versus DAPT was not an independent protective factor for PMI (hazard ratio, 0.51; 95 percent confidence interval, 0.23 to 1.14).

"TAPT with adjunctive cilostazol was not associated with lower incidence of PCI-related PMI in patients with ACS," the authors write.

More information: Abstract
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