On the other hand, the stent type is also crucial in case of recurrent ischemic events. In addition, DAPT duration can differ according to the first- and second-generation DES. DAPT duration can be shorter in second-generation DES than in first-generation DES (5). It will be beneficial to know which generation of stent was used in your case, which could have led to a better outcome of DAPT discontinuation.

Serkan Kahraman, Murat Ziyrek
Department of Cardiology, Silivri State Hospital; İstanbul-*Turkey*

References

1. Doğan A, Özdemir B, Bal H, Özdemir E, Kurtoğlu N. Ticagrelor-associated thrombotic thrombocytopenic purpura. Anatol J Cardiol 2017; 17: 73-4.
2. Steg PG, James SK, Atar D, Badano LP, Blömstrom-Lundqvist C, Borger MA, et al. ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation. Eur Heart J 2012; 33: 2569-619.
3. Jacob S, Dunn BL, Qureshi ZP, Bandarenko N, Kwaan HC, Pandey DK, et al. Ticlopidine-, Clopidogrel-, and Prasugrel-Associated Thrombotic Thrombocytopenic Purpura: A 20-Year Review from the Southern Network on Adverse Reactions (SONAR). Semin Thromb Hemost 2012; 38: 845-53.
4. Patel TN, Kreindel M, Lincoff AM. Use of ticlopidine and cilostazol after intracoronary drug-eluting stent placement in a patient with previous clopidogrel-induced thrombotic thrombocytopenic purpura: a case report. J Invasive Cardiol 2006; 18: E211–3.
5. Zhang T, Shen L, Hu L, He B. Optimal duration of dualantiplatelet therapy following drug-eluting stent implantation: a meta-analysis. J Clin Pharmacol 2013; 53: 345-51.

Address for Correspondence: Dr. Serkan Kahraman
Silivri Devlet Hastanesi, Kardiyoloji Kliniği
Efrahim Öztürk Cad. No: 1 Silivri, İstanbul-*Türkiye*
E-mail: serkankahraman_86@outlook.com

DOI:10.14744/AnatolJCardiol.2017.7772

Author`s Reply

To the Editor,

We thank the authors for their contribution to our study that was recently published in the Anatolian Journal of Cardiology 2017; 17: 73-4 entitled "Ticagrelor-associated thrombotic thrombocytopenic purpura" (1). Initially, we used biolimus-eluting stent during primary percutaneous coronary intervention in the patient. Although DAPT duration was reduced to at least 6 months in patients with stable coronary artery disease, DAPT duration of at least 12 months is still recommended in patients with ST elevation myocardial infarction (2). Numerous studies have indicated that second-generation stents have low stent thrombosis (ST) and major adverse cardiac events. A 3-month usage of these new stents in treatment has shown to be unrelated to increased ST rate (3). Even with these findings, we could not conclude whether ticagrelor cessation at 5 weeks of therapy in our case would not have caused ST. In addition, the authors mainly emphasized a switch to thienopyridine derivatives. A switch from clopidogrel to ticlopidine and no relapse in the aforementioned case (4) could be explained by different action mechanisms leading to TTP with clopidogrel and ticlopidine. ADAMTS-13 deficiency is common in ticlopidine-associated cases in contrast to ADAMTS-13 independence in clopidogrel-associated ones (5). Prasugrel-linked TTP cases are few, and the exact mechanism is not clearly identified. Our ticagrelor-linked TTP case was also the first one in literature, and its exact mechanism was also not established. Eventually, P2Y12 inhibition was not re-initiated, and fortunately, no ST or TTP relapse occurred.

Ali Doğan
Department of Cardiology, Gaziosmanpaşa Hospital, Faculty of Medicine, İstanbul Yeni Yüzyil University; İstanbul-*Turkey*

References

1. Doğan A, Özdemir B, Bal H, Özdemir E, Kurtoğlu N. Ticagrelor-associated thrombotic thrombocytopenic purpura. Anatol J Cardiol 2017; 17: 73-4.
2. Levine GN, Bates ER, Bittl JA, Brindis RG, Fihn SD, Fleisher LA, et al. 2016 ACC/AHA Guideline Focused Update on Duration of Dual Antiplatelet Therapy in Patients With Coronary Artery Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol 2016; 68: 1082-115. [CrossRef]
3. Loh JP, Torguson R, Pendyala LK, Omar A, Chen F, Satler LF, et al. Impact of early versus late clopidogrel discontinuation on stent thrombosis following percutaneous coronary intervention with first- and second-generation drug-eluting stents. Am J Cardiol 2014; 113: 1968-76.
4. Patel TN, Kreindel M, Lincoff AM. Use of ticlopidine and cilostazol after intracoronary drug-eluting stent placement in a patient with previous clopidogrel-induced thrombotic thrombocytopenic purpura: a case report. J Invasive Cardiol 2006; 18: E211–3.
5. Jacob S, Dunn BL, Qureshi ZP, Bandarenko N, Kwaan HC, Pandey DK, et al. Ticlopidine-, Clopidogrel-, and Prasugrel-Associated Thrombotic Thrombocytopenic Purpura: A 20-Year Review from the Southern Network on Adverse Reactions (SONAR). Semin Thromb Hemost 2012; 38: 845-53. [CrossRef]

Address for Correspondence: Dr. Ali Doğan
İstanbul Yeni Yüzyil Üniversitesi Tıp Fakültesi
Gaziosmanpaşa Hastanesi, Kardiyoloji Anabilim Dalı,
Gaziosmanpaşa, İstanbul-*Türkiye*
E-mail: drdali@hotmail.com

IRAK-4 Variants in acute coronary syndrome patients

To the Editor,

In recent years, the role of biomarkers that reflect the inflammation and the inflammatory situation in coronary artery disease has been investigated in many studies (1, 2). Acute