
To the Editor:

We read with interest the article by Kulik et al on the impact of dual antiplatelet therapy on venous graft disease in patients who underwent coronary artery bypass grafting. In our opinion, the lack of objective quantification of the antiplatelet effect of both aspirin and clopidogrel constitutes a major drawback of the study. The incidence of aspirin nonresponse varies widely in the literature. It is inversely proportional to the time that passed from the surgical procedure and highly dependent on the assay used to demonstrate it. Nevertheless, because aspirin resistance independently raises the incidence of adverse cardiovascular events and venous graft occlusions, it would seem critical to adjust for this variable. This problem is further amplified by not accounting for the variability to clopidogrel response. Furthermore, the target vessel diameter is one of the most important determinants of graft patency and should be included in the data report. The benefits of antiplatelet therapy are greatly intensified in smaller-caliber vessels. The authors examined the most proximal graft segments. One would expect, however, the distal segment to suffer more pronounced changes because of the abrupt change in vessel diameter at the level of the anastomosis. Distal turbulence is further enhanced by the angulation of the anastomosis. These factors act in concert to enhance endothelial injury, and it is perhaps at this level that future studies should examine the impact of novel venous disease prevention strategies. Finally, because the process of intimal hyperplasia does not end at 1 year postoperatively, one would expect that a late follow-up reevaluation of the potential benefit of dual antiplatelet therapy would be worthwhile. In summary, we believe that the benefits of the addition of clopidogrel to aspirin in the prevention of venous graft intimal disease cannot be ruled out by this study. We congratulate the authors on their elegant and timely research.

Disclosures

None.

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References

Letter by Gasparovic et al Regarding Article, "Aspirin Plus Clopidogrel Versus Aspirin Alone After Coronary Artery Bypass Grafting: The Clopidogrel After Surgery for Coronary Artery Disease (CASCADE) Trial"

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