



Antithrombotic Treatment of Acute Coronary Syndrome

Guest Editor:

Prof. Dr. Jurriën ten Berg

1. Interventional Cardiologist St
Antonius Hospital, Nieuwegein,
The Netherlands

2. Professor "antithrombotic
therapy in cardiac catheter
interventions" at University
Medical Center Maastricht,
Maastricht, The Netherlands

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Message from the Guest Editor

According to the ESC guidelines, individualization of DAPT could be done by using risk scores (PRECISE DAPT, and DAPT scores). These scores may also be useful for determining the duration of DAPT, which is another area of controversy in the field of ACS. The fast onset of action of antiplatelet agents is paramount in high-risk patients such as those presenting with ST-elevation myocardial infarction (STEMI). Even the stronger P2Y12 inhibitors prasugrel and ticagrelor fail to be active in the first hours of STEMI, and therefore, there is a need for the development of antiplatelet agents with very rapid onset.

This Special Issue will summarize, among other topics, the current optimal ATT of ACS, the new antithrombotic treatments (cangrelor, selatogrel), how to individualize DAPT, controversies in the optimal ATT, and how to handle ATT when bleeding occurs.

- acute coronary syndrome
- antithrombotic therapy
- P2Y12 inhibition
- tailored therapy





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Journal of Clinical Medicine Editorial
Office
MDPI, St. Alban-Anlage 66
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