

ACETYLSALICYLIC ACID DESENSITIZATION IN PATIENTS WITH CORONARY ARTERY SYNDROME: LITERATURE REVIEW, RETROSPECTIVE ANALYSIS AND PATIENT FOLLOW-UP PROCEDURE IN AN ITALIAN CARDIOLOGICAL CENTER.

A. IEZZI¹, V. TESO¹, D. PINALLI², S. ZITELLI¹, G. BALLARDINI¹, B. TEBALDINI¹, E. OMODEO SALÈ¹.
 1CENTRO CARDIOLOGICO MONZINO, SERVIZIO DI FARMACIA OSPEDALIERA, MILANO, ITALY.
 2UNIVERSITÀ DEGLI STUDI DI PAVIA, CORSO DI LAUREA IN FARMACIA, PAVIA, ITALY.
 CENTRO CARDIOLOGICO MONZINO
 Via Carlo Parea, 4
 20138 MILANO Italy
 Mail: farmacia@cardiologicomonzino.it

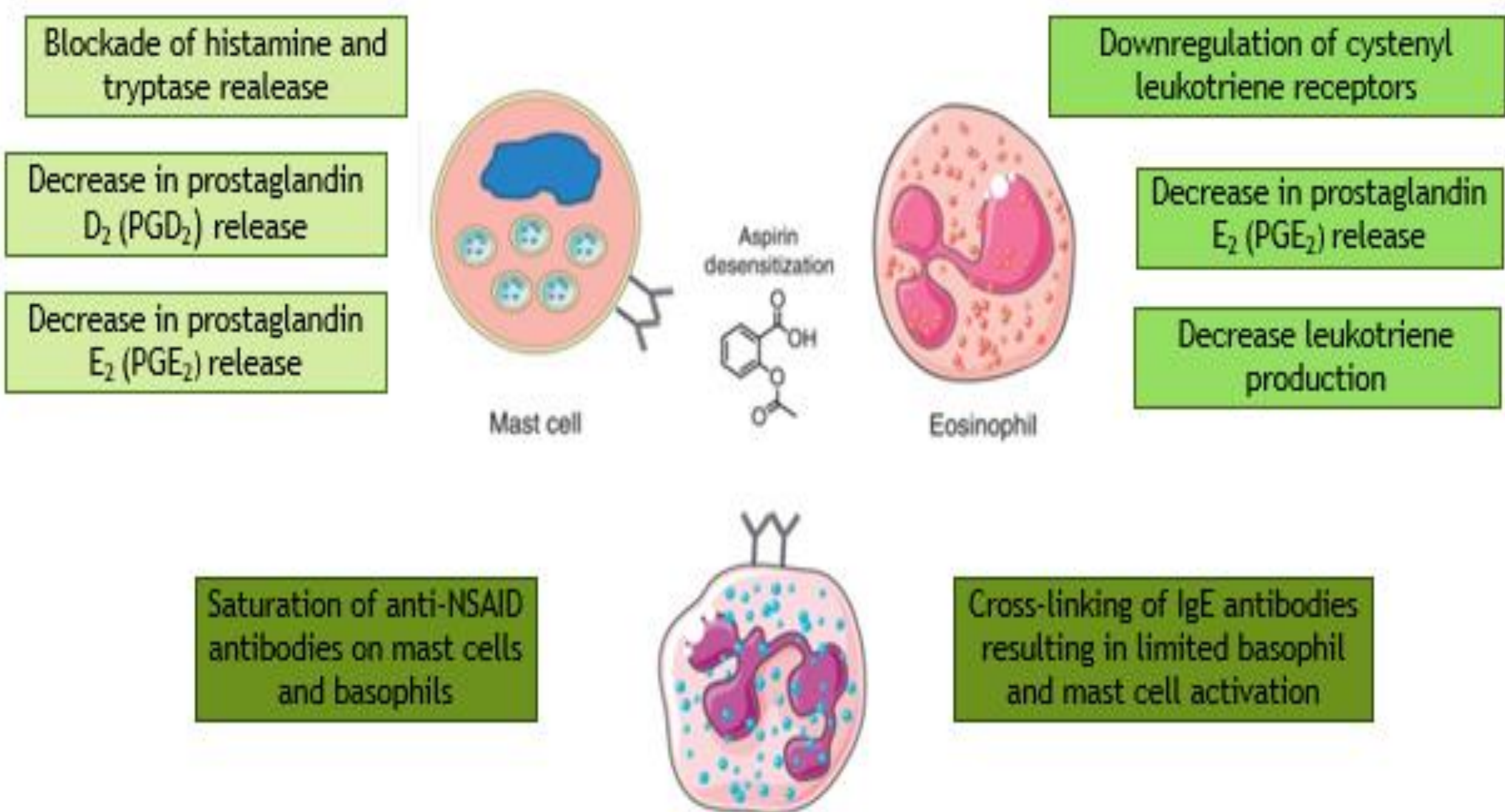


Figure 1. Mechanism of the acetylsalicylic acid desensitization procedure

Background and Importance

Hypersensitivity to the **acetylic acid** (ASA) occurs in a wide range of the population, both in healthy subjects and patients with coronary heart disease increasing the risk of ischemic events.

Desensitization protocols for the treatment of hypersensitivity to ASA consist in the administration of increasing doses of ASA at a set time in order to sensitize the patient to the active substance and initiate a chronic treatment.

Aim and Objectives

- The **aim** of the work is obtaining a systematic review of the literature concerning the existing desensitization protocols.
- The **purpose** is to conduct a descriptive analysis of the population and evaluate the **effectiveness** and **safety** of the protocol over the **short** and **long term**.

Materials and Methods

A retrospective analysis was conducted on a group of patients treated with **Rossini's protocol** (1), an increasing oral administration of ASA to 100 mg in five and a half hours.

Results

The literature's review has shown the Rossini's protocol has the greatest number of sample and the best efficacy and safety data.

The **retrospective analysis** allowed the evaluation of the group composed of 30 patients aged > 18 years, admitted to the center between January 2020 and April 2022, diagnosed with coronary artery syndrome.

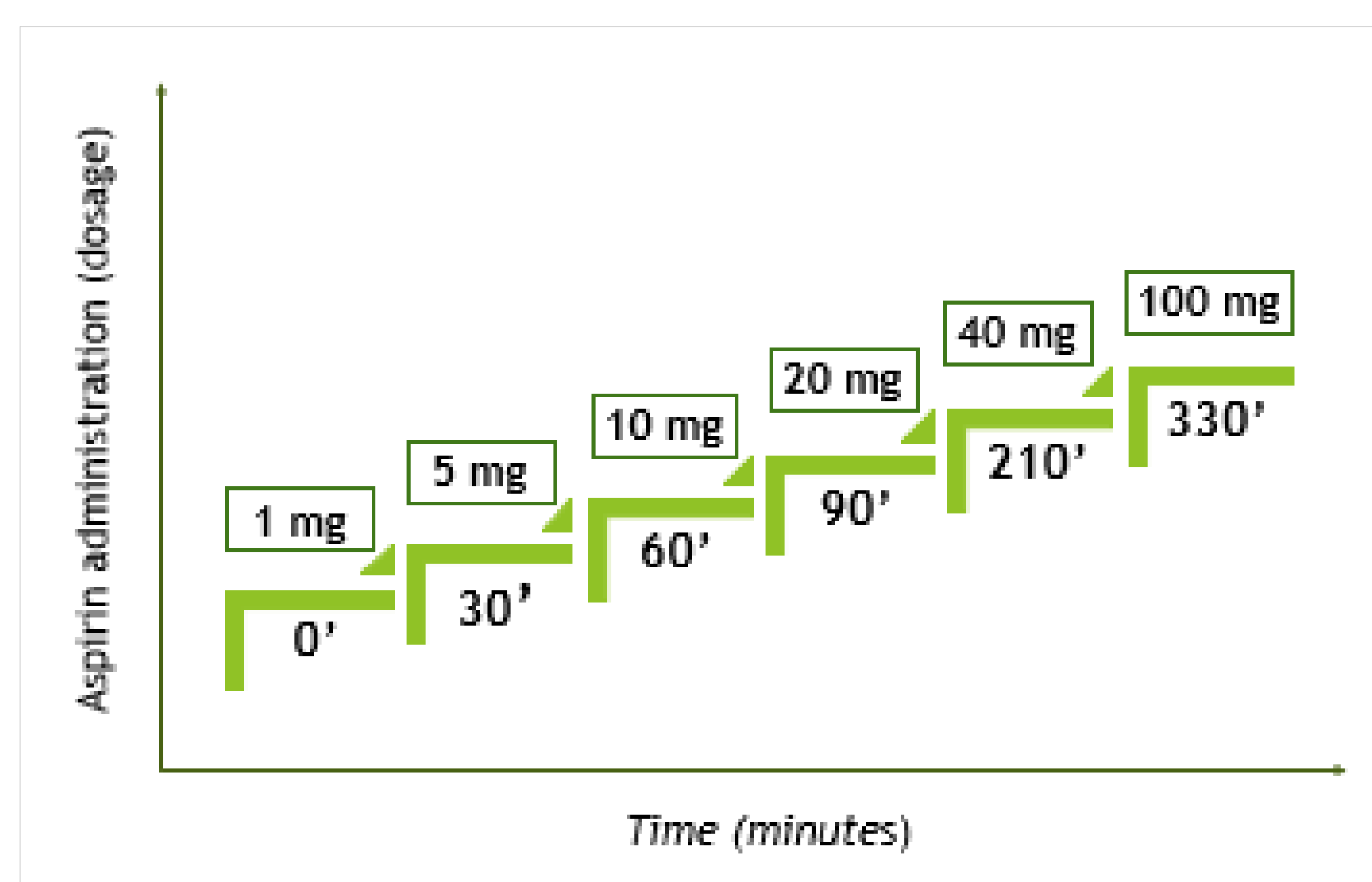


Figure 2. Scheme of the Rossini desensitization protocol [1]

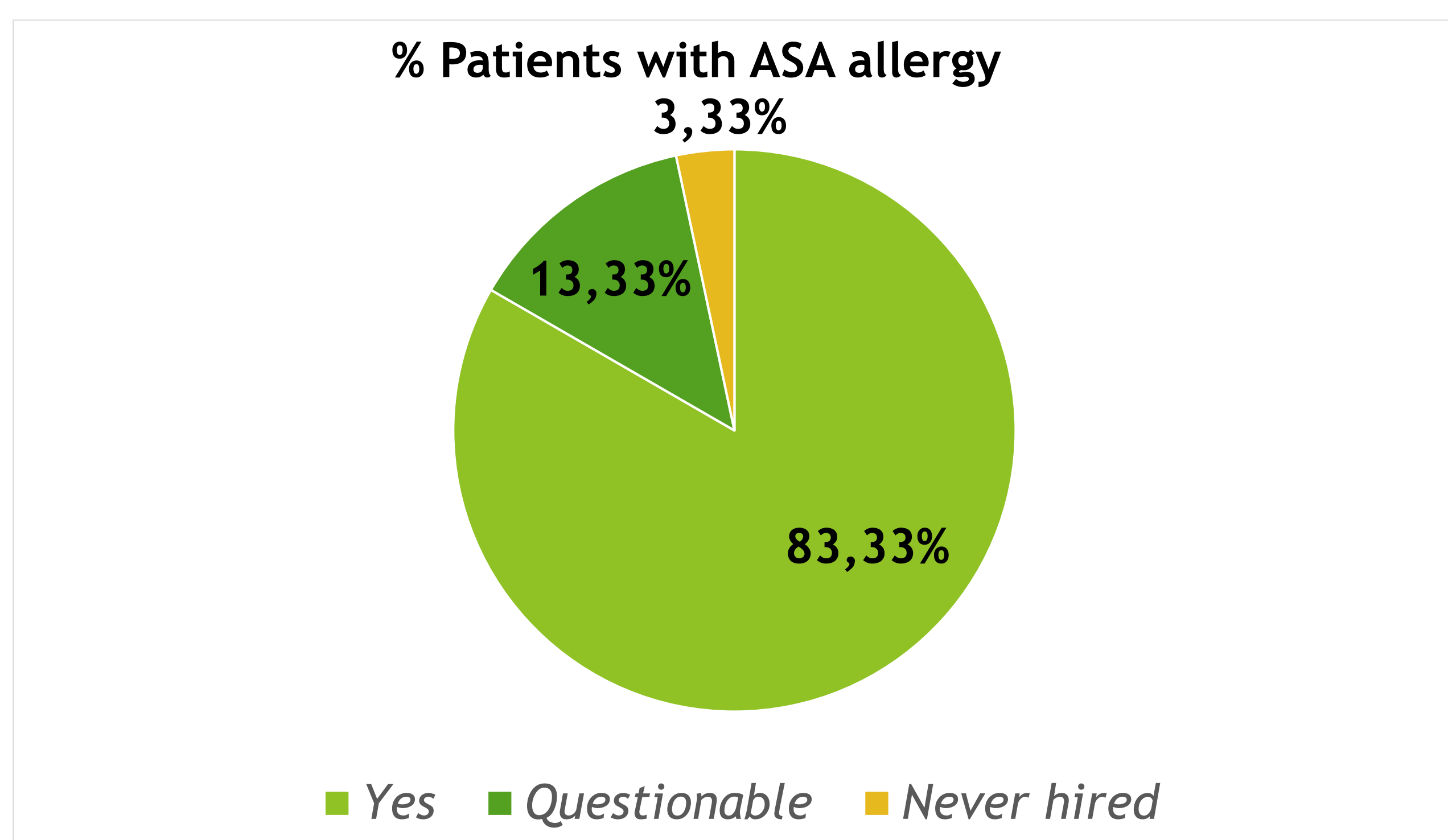


Figure 3. Percentage of patients with ASA allergy

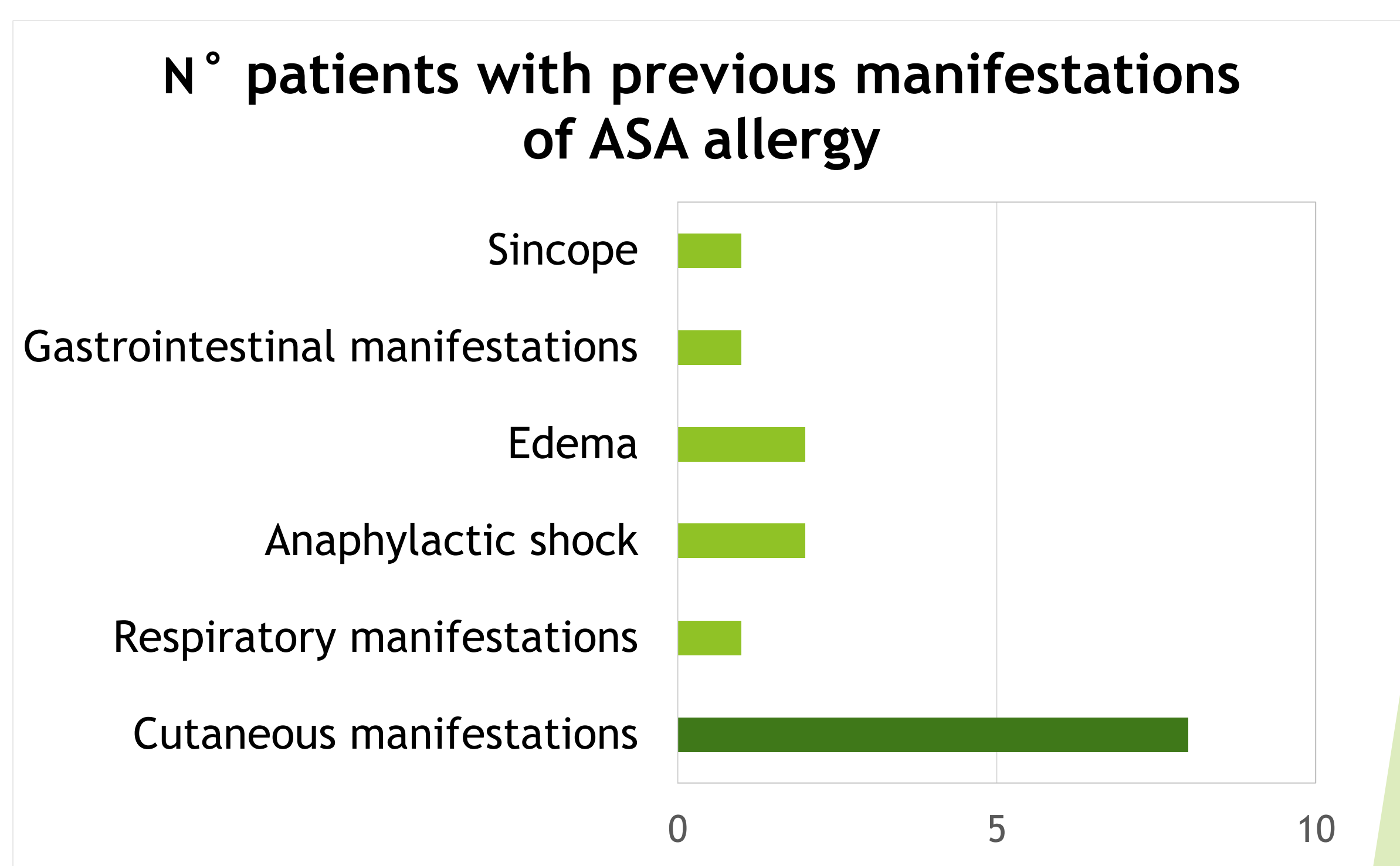


Figure 4. N° patients with previous manifestations of ASA allergy

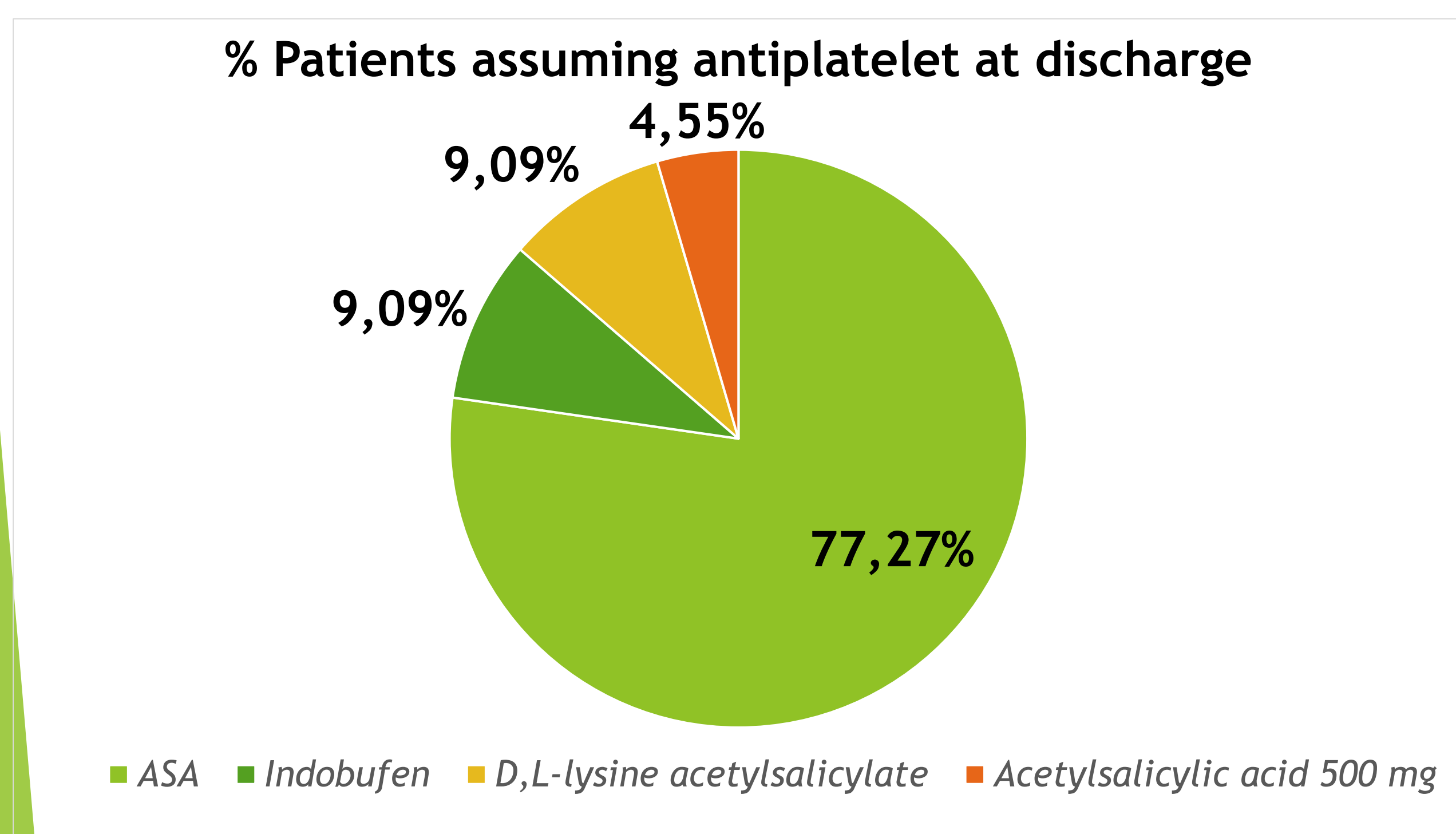


Figure 5. Patients assuming antiplatelet at discharge

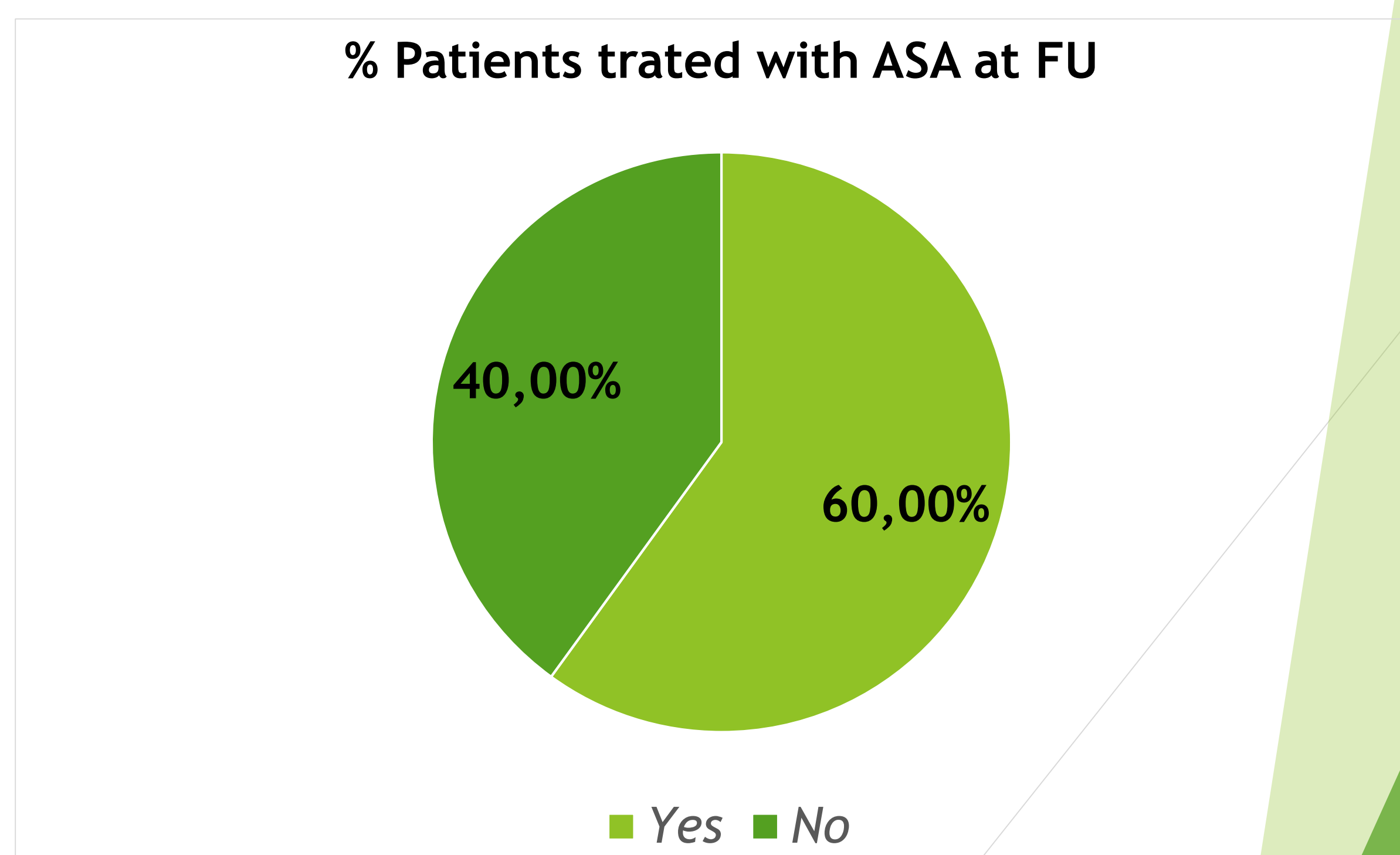


Figure 6. Patients treated with ASA at FU

Conclusion and Relevance

The evidence suggests that the **Rossini's protocol is effective for a wide spectrum of patients**. The hospital pharmacist in agreement with the cardiologist will evaluate the possibility to implement a **solution-based** formulation to treat more fragile patients, who present history of allergy to ASA, dysphagia or requiring interventional procedures.

References and/or Acknowledgements

[1] R. Rossini, et al, «Aspirin desensitization in patients with coronary artery disease: results of the multicenter ADAPTED registry» Circ Cardiovasc Interv, vol. 10, 2017

