

Summary

The effect of antiaggregation therapy is an important factor that can influence the risk of thromboembolic events. The methods of monitoring antiaggregation therapy we compared in our study. The aggregation with cationic propylgallate (CPG) as the activating substance, analyzer PFA-100, which investigates the function of primary haemostasis and measuring of TXB₂ in the urine were used to monitor the effect of the therapy. The sufficient concentration of CPG (30 µmol/l) in the aggregation study were confirmed. The influence of hospitalization and associated stress on the parameters of aggregation was not significant. However the decrease of parameter of aggregation (slope, %/min) after administration of a low dose of acetylsalicylic acid (ASA) was significant. The influence of stress linked to hospitalization on the detected closure time (CT), was not observed using PFA 100. Nevertheless antiaggregation therapy significantly prolonged CT measured on the collagen/epinephrine coated membrane. The concentration of the thromboxane B₂ in the urine of patients treated with antiaggregation therapy was also significantly lower in the contrary to healthy donators.

The methods reacted after administration of low doses ASA by modifying of measured parameters. Fifty one patients treated with long term antiaggregation therapy were separated into the groups of responsive and resistant ones. Segregation was carried out on the basis of the comparison with control groups parameters. One resistant patient (2 %) was detected by aggregation method, 2 nonrespondent patients (4 %) by use of the PFA-100 analyzer and 5 resistant patients (10 %) in terms of a measuring TXB₂ in the urine.