



CHANGES IN PLATELET ACTIVITY AND BLOOD COAGULATION  
PARAMETERS IN PATIENTS AFTER CORONARY STENTING.

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Coronary artery disease (CAD) remains one of the leading causes of cardiovascular mortality worldwide. Percutaneous coronary intervention (PCI), including coronary stenting, is a minimally invasive procedure that effectively restores blood flow in patients with coronary artery disease. However, stent implantation causes endothelial damage and increased platelet activation, which increases the risk of stent thrombosis and restenosis. Therefore, monitoring hemostasis and platelet status after the procedure is of great clinical importance.

**Platelets:** Platelets play a key role in the development of arterial thrombosis. After stent placement, they become hyperreactive, prone to aggregation, and thrombus formation within the vessel lumen. Assessing platelet activity helps determine the optimal antiplatelet therapy strategy for a specific patient. **Hemostatic System:** The hemostatic system also undergoes significant changes during stenting.

Parameters such as prothrombin time (PT), activated partial thromboplastin time (APTT), fibrinogen levels, and D-dimer help assess the risk of thrombosis and myocardial infarction.

Increased activity of the coagulation system is associated with an increased risk of thrombosis and fibrin complications.

**Anti-Agra.** Antiplatelet drugs are of primary importance for preventing thrombosis after coronary stenting: Horse - inhibits platelet aggregation; Clopidogrel - an ADP-receptor blocker.

Long-term dual antiplatelet therapy (DAPT), which includes a combination of these drugs, significantly reduces the risk of death, myocardial infarction, and stroke.

However, it is important to consider the potential increased risk of bleeding and select an individualized treatment regimen. **Clinical Significance.** After stenting, patients require hemostasis monitoring, including assessment of platelet activity and coagulation parameters.

This allows for risk stratification, optimization of antiplatelet therapy, and increased effectiveness. In endovascular treatment, imaging techniques such as intravascular ultrasound (IVUS) and multislice computed tomography (MSCT) are used to monitor the stent and vessel lumen.

**Conclusion.** In patients undergoing coronary stenting, platelet activity, the state of the coagulation system, and the effectiveness of medications are closely interrelated.

Antiplatelet therapy is the primary means of preventing stent thrombosis, and an individualized approach and laboratory monitoring help reduce risks and improve clinical outcomes.

Regular monitoring of hemostatic parameters allows for treatment adjustments and increases its effectiveness.



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