

Periprocedural anticoagulant therapy of patients with atrial fibrillation and acute coronary syndromes without persistent ST-segment elevation

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Atrial fibrillation (AF) is the commonest sustained cardiac arrhythmia which influences considerably on morbidity and mortality because of possible occurrence of stroke and thromboembolism (TE). Oral anticoagulant therapy (OAC) indicated in patients with paroxysmal, persistent and permanent AF has a central role in therapy of these patients. Significant number (6-8%) of patients treated by percutaneous coronary intervention (PCI) has an indication for long-term therapy with OACs, either vitamin K antagonists (VKAs) and non-vitamin K antagonist oral anticoagulants (NOACs). OAC and dual antiplatelet therapy (DAPT) combination is recommended by the latest European guidelines, whereby VKAs and NOACs are equally effective as a part of triple or dual therapy, but associated with increased bleeding risk.

Key words: atrial fibrillation, acute coronary syndrome without persistent ST-segment elevation, antithrombotic therapy, percutaneous coronary intervention