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## Antithrombotic therapy in the prevention of stroke

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schemic stroke remains one of the leading causes of death and disability in the world. Antithrombotic therapy that includes anticoagulant and antiaggregant preparations is the main alternative in the secondary prevention of stroke. The choice of therapy depends on the needs to incorporate the newest and most up-to-date medical information in a given clinical scenario. Factors such as comorbidities, compliance with medication, and costs for a given patient must also be considered. In acute forms, the scheme with two anti aggregants can be applied for a period from 3 weeks to 3 months, mainly for patients with minor stroke or transient ischemic accident, or in cases where the symptoms are related to intracranial stenosis of a high degree. This therapeutic approach is favorable for non-cardioembolic stroke as the cardiogenic mechanism can be better controlled by adjusting the cardiac situation and anticoagulant therapy. Risk stratification is important in cases of recurrent stroke, to balance risks with benefits. For example, prolonged dual antiplatelet therapy, combining aspirin with clopidogrel, or aspirin with ticagrelor, because of the high risk of bleeding, outweighs the potential clinical benefits in stroke prevention. The choice of anticoagulant therapy is now related to the introduction of new agents known as new oral anticoagulants (NOACs), also associated with 'antivitamin K', since they are no longer considered new. Otherwise they are also known as new direct anticoagulants (DOACs). They are considered superior to warfarin, but with the emphasis that warfarin is still the drug of choice for stroke prevention in patients with mechanical valves. <u>Antithrombotic therapy</u>, combined with anticoagulant therapy, is in constant evolution with the principle that 'one measure does not fit all'.

Keywords: ischemic stroke, antithrombotic therapy.

## Biography

I am a medical doctor, neurologist from Albania. I have graduated on 1992 from the Faculty of Medicine, University of Tirana, Albania. In 2002 I commenced the four year residency in infectious diseases and work at the neurological department of Regional Hospital of Shkodra. Currently I am doing Phd in neurology at University of Medicine, in Tirana – Albania.

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