

Post Coronary Artery Stenting Reflighting: Need for Change in Policy with Changing Antiplatelet Therapy

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Abstract : Background: Coronary artery Disease (CAD) is a common cause of morbidity, mortality and reason for unfitness amongst aircrew. Coronary angioplasty and stenting are the standard of care for CAD. Antiplatelet drugs like Aspirin and Clopidogrel(Dual Antiplatelet therapy) are routinely prescribed post-stenting which are permitted for flying. However, in the recent past, Ticagrelor is being used in place of Clopidogrel as per ACC AHA and ESC guidelines. However Ticagrelor is not permitted for flying. Case Presentation: A 55-year-old pilot suffered Anterior Wall Myocardial Infarction. Angiography showed blockages in Left Anterior Descending Artery(LAD) and Right coronary artery (RCA). He underwent primary angioplasty and stenting LAD and subsequent stenting to RCA. Recovery was uneventful. One year later he was asymptomatic with normal Left ventricular function and no reversible perfusion defect on stress MPI. He had patent stents and coronaries on check angiogram. However, he was not allowed to fly since he was on Ticagrelor. He had to be switched over to Clopidogrel from Ticagrelor one year after stenting to permit him for flying. Similarly, switching had to be done in a 45-year-old pilot. Ticagrelor has been proven to be more effective than clopidogrel and as safe as Clopidogrel in preventing stent thrombosis. If Clopidogrel is being permitted, there is no need to restrict Ticagrelor. Hence "Policy" needs to be changed. Conclusions: Dual Antiplatelet therapy is the standard of care post coronary stenting which has been proved safe and effective. Policy needs to be changed to permit flying with Ticagrelor which is more effective than Clopidogrel and equally safe.

Keywords : antiplatelet drugs, coronary artery disease, stenting, ticagrelor

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