Primary Thrombophilia in Mexico XVIII: Increased Rate of Thrombosis in Persons with the Sticky Platelet Syndrome in the COVID-19 Era

Sticky platelet syndrome (SPS) is an inherited thrombophilic condition that causes an abnormal increase in platelet aggregation and favors both arterial and venous thrombotic events\textsuperscript{1-4}. Between January 2020 and August 2023, 11 persons with SPS were diagnosed and treated at the Center for Hematology and Internal Medicine of Puebla (Centro de Hematología y Medicina Interna de Puebla), Mexico. All patients were instructed to take aspirin, 100 mg/day, after the diagnosis of SPS. Five persons were infected with SARS-CoV-2. Two patients had a thrombotic episode in the period of observation; one patient did not have COVID-19 but she developed right iliofemoral thrombophlebitis a year after starting treatment with aspirin (Table 1). We have previously shown that the treatment with aspirin of persons with SPS significantly reduces the rate of re-thrombosis to 4\%\textsuperscript{5}.

In this group of 11 persons with SPS, we have observed the following: (1) the re-thrombosis rate was very high: 2 out of 11, 36\%; and (2) in one case, thrombosis was triggered by the SARS-CoV-2 infection in the setting of withdrawal of the antiplatelet treatment.

The rate of thrombosis in patients with COVID-19 is around 13\%\textsuperscript{6}. In this small cohort of persons with COVID-19 and SPS (5 patients), the thrombosis rate was 20\%, a figure higher than that observed in the general population infected with SARS-CoV-2\textsuperscript{6}.

We can assume that the rate of thrombosis in patients with previous prethrombotic states may increase with SARS-CoV-2 infection. More studies are needed to further explore the rate of thrombosis in persons with COVID-19 and SPS.

Table 1. Salient features of the two patients with the sticky platelet syndrome who developed a vaso-occlusive episode

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No SARS-CoV-2</th>
<th>With SARS-CoV-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Age</td>
<td>51</td>
<td>37</td>
</tr>
<tr>
<td>Treatment start date</td>
<td>May 27, 2020</td>
<td>January 14, 2022</td>
</tr>
<tr>
<td>COVID-19 diagnosis date</td>
<td>NA</td>
<td>July 04, 2023</td>
</tr>
<tr>
<td>Thrombotic event date</td>
<td>January 15, 2021</td>
<td>July 01, 2023</td>
</tr>
<tr>
<td>Thrombotic event</td>
<td>Right iliofemoral thrombophlebitis</td>
<td>Ischemic colitis</td>
</tr>
<tr>
<td>Interruption of treatment</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
REFERENCES


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