

ENHANCED PLATELET AGGREGATION WITH TRAP-6 IN PLATELET AGGREGOMETRY IN PATIENTS WITH ACUTE-ON-CHRONIC LIVER FAILURE

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Poster

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A prospective study of 52 cirrhotic patients found significantly enhanced platelet aggregation in response to thrombin receptor activation in acute-on-chronic liver failure compared to acute decompensation, suggesting increased platelet reactivity via PAR-1 receptor activity.

KEY POINTS

- Patients with acute-on-chronic liver failure showed significantly higher maximal platelet aggregation with TRAP-6 compared to acute decompensated cirrhosis (AUC 85 ± 12 U vs 45 ± 10 U, $p < 0.0001$), while no differences were observed with ADP, ASPI, or PGE2 agonists
- The study prospectively enrolled 52 cirrhotic patients (25 ACLF, 27 acute decompensation) between July 2024 and January 2025, using multiplate aggregometry to assess platelet function in whole blood
- Severe decompensation correlated with stronger TRAP response, and the authors suggest this indicates more PAR-1 receptors on platelets in ACLF patients, though this interpretation is indirect
- This work is relevant to clinicians managing coagulation abnormalities in advanced liver disease, particularly regarding the paradoxical prothrombotic state in ACLF

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