

Correspondence

Dear Editor,

After reading the review article "Un-fractioned heparin and low molecular weight heparin in patients with acute coronary syndrome – a meta analysis" by "Rehan Anwar, Hamid Khalil, Atif Maqsood, Hassam Zulfiqar, Umair Asghar" published in JCVD (J Cardiovasc Dis 2019; 15(1): 3-7), the review has been done in a very good way and the message has been conveyed to the readers.

Low molecular weight heparin has come up as a newer anti-coagulant with biological and pharmacological advantage over unfractionated heparin. One advantage of LMWH is its easy subcutaneous administration and more predictable dose response while the other advantage is lesser incidence of heparin induced thrombocytopenia. LMWH is safe and effective in the treatment of acute coronary syndrome patients and also in venous thromboembolism. On comparing different LMWHs available, enoxaparin and dalteparin are more effective with relative risk reduction of more than 0.2.

But the question about its clinical and cost effectiveness in routine use of acute coronary syndrome patients is open and should be addressed in randomized clinical trials.

REFERENCES

Solari F, varacallo M. Low molecular weight Heparin (LMWH)[Update 2019 Feb 1].In: StatPearls, Treasure Island(FL: Statpearls Publishing);2019

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REPLY TO CORRESPONDENCE

With reference to comments given on the article by Dr Sulman Khalid published in JCVD (J Cardiovasc Dis 2019; 15(1):17-21).

The author has acknowledged valuable comments and replied with a letter of great thanks dated 4-10-2019.