

# Implications of genetics and major risk factors on platelet morphology, platelet aggregation and their relationship with coronary atherosclerosis

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## DISSERTATION

# Implications of genetics and major risk factors on platelet morphology, platelet aggregation and their relationship with coronary atherosclerosis

### Propositions

- 1) Atherosclerosis still leads the worldwide causes of mortality, determining the need of a multifaceted approach from the prevention to long-term follow-up of the patients.
- 2) Platelets play a major role on the stage of atherosclerosis, in every “non (yet) overt”, “acute” and “post-event” acts of coronary artery disease.
- 3) Advances in the knowledge of the platelet aggregation revealed crucial contribution from genetics and immune system (this thesis).
- 4) Platelet morphologic parameters do not seem related to the presence and extent of angiographically defined coronary artery disease (this thesis).
- 5) High residual platelet reactivity during dual antiplatelet therapy is independently related to poor outcome after percutaneous coronary intervention.
- 6) Single nucleotide polymorphism (rs5751876) of the platelets’ adenosine A2a receptor has been related to suboptimal platelet inhibition (this thesis).
- 7) Comorbidities and co-administered drugs may differently impact on platelet inhibition during dual antiplatelet therapy with clopidogrel or ticagrelor (this thesis)
- 8) Better knowledge of platelets homeostasis shall improve the accuracy of intervention, circumscribing side effects.
- 9) “Two things fill my mind with ever new and increasing admiration and reverence: the starry heavens above me and the moral law within me” (Immanuel Kant)
- 10) “Speak little, listen a lot, and look at the goal of what you do” (Chapterhouse, Chiaravalle Abbey, Fiastra, Italy)