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Authors reply

Dear Dr. Kounis,

Thank you for your attention to our letter, in which we presented a late bare-metal stent (BMS) thrombosis in a patient following wasp sting. A BMS had been applied to a left anterior descending critical lesion nine months ago. The patient was known previously to have honeybee venom allergy. To our knowledge, this represents the first case of total occlusive late stent thrombosis (ST) in a BMS following wasp sting.

Kounis et al.^[1] had reported the relation between ST and allergic reaction in different case reports, and they also mentioned our case report. Kounis et al. had previously defined late drug-eluting ST, which is a variation of type 3 Kounis syndrome. As the authors stated in previous cases and also in our case, the most important defect is that the patient is exposed to multiple allergens when the ST occurs. At this time, the thrombus material is not stained, and as a result, type 3 Kounis syndrome is not confirmed. This raises multiple questions. Whether the thrombotic process that occurs is a result of a single or multiple allergen(s) is not known exactly. Nonetheless, in our case, we believe that the wasp sting was the probable cause of the

ST. Firstly, the patient had used drugs regularly prior to the ST development, and little time had passed between the sting and the ST. Secondly, phospholipase A1 has a considerable role in thrombosis, and wasp venoms harbor a higher amount of phospholipase A1 than honeybee venoms.^[2]

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