Dear Editor,

We read the publication on "Anticoagulation in patients with cardiac manifestations of Chagas disease and cardioembolic ischemic stroke" with great interest. Monteiro et al. noted that "Patients with Chagas disease and previous CIS had better control of INR with a higher frequency of minor bleeding." In fact, this finding should be discussed. The important question is: what is the reason for good INR control, but higher frequency of bleeding? The quality control of the INR test should be focused on. An error in laboratory testing may be possible. Several factors can cause the erroneous INR result and need to be well controlled. Also, the bleeding might be due to other non-coagulation factor-related causes. At the least, thrombocytopenia and platelet dysfunction are possible hematological problems in patients with Chagas disease. In addition, Chagas disease can be chronic, despite a complete course of antiparasitic drug treatment, and the platelet dysfunction might be observed in those chronic cases and may manifest the bleeding problem.

References