# Platelet physiology. Primary hemostasis. Secondary hemostasis. DIC syndrome. nticoagulants and fibrinolysis. Regulation of blood coagulation

Prof. Zaporozhets T.Viber +380972420098



#### Introduction: Road map...

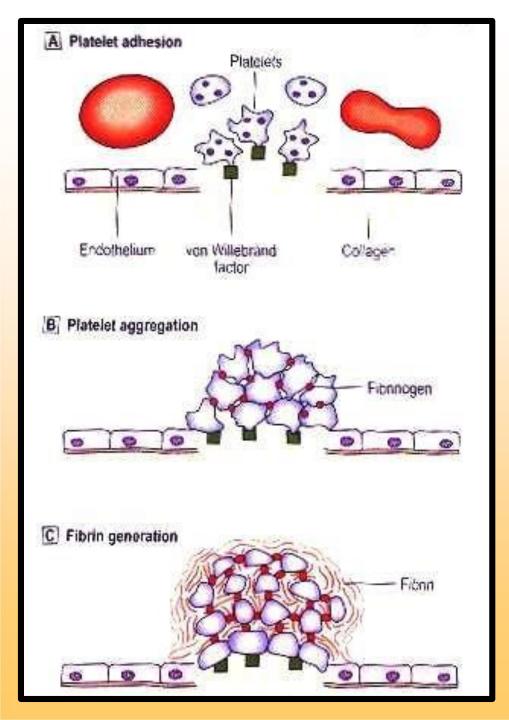
- ➤ Haemostasis capacity to minimise loss of blood following injury to blood vessel.
- ➤ Blood vessel Coagulation Platelet act.
- ➢ Bleeding disorders − Bv, Plt, Coag.
- Laboratory tests of Haemostasis.
- > Factor analysis, PLT function,

Haemostasis overview: **BV** Injury **Contact/ Tissue** Neural Factor **Platelet Blood Vessell** Coagulation Aggregation Constriction Cascade Primary hemostatic plug **Platelet** Reduced Fibrin Activation formation **Blood flow Stable Hemostatic Plug** 



#### Coagulation:

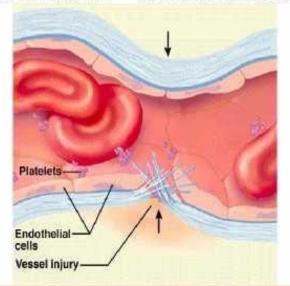
- Fibrinogen to Fibrin Coag. Cascade
- ➤ Several factors proenzymes-activation.
- Enzyme amplication –
- > Plasma, Endothelium & Platelets
- Stable hemostatic plug.
- ➤ Clot lysis starts soon after clot formation.



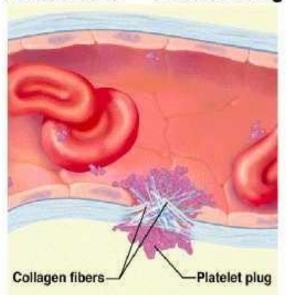
#### Haemostasis:

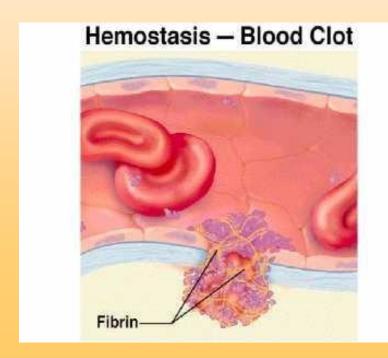
- Vasoconstriction N
- Platelet activation
- Haemostatic plug
- Coagulation
- > Stable clot formation
- Clot dissolution

#### Hemostasis - Vasoconstriction

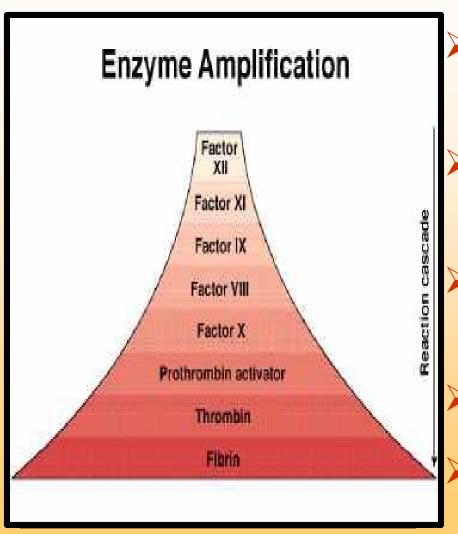


#### Hemostasis - Platelet Plug

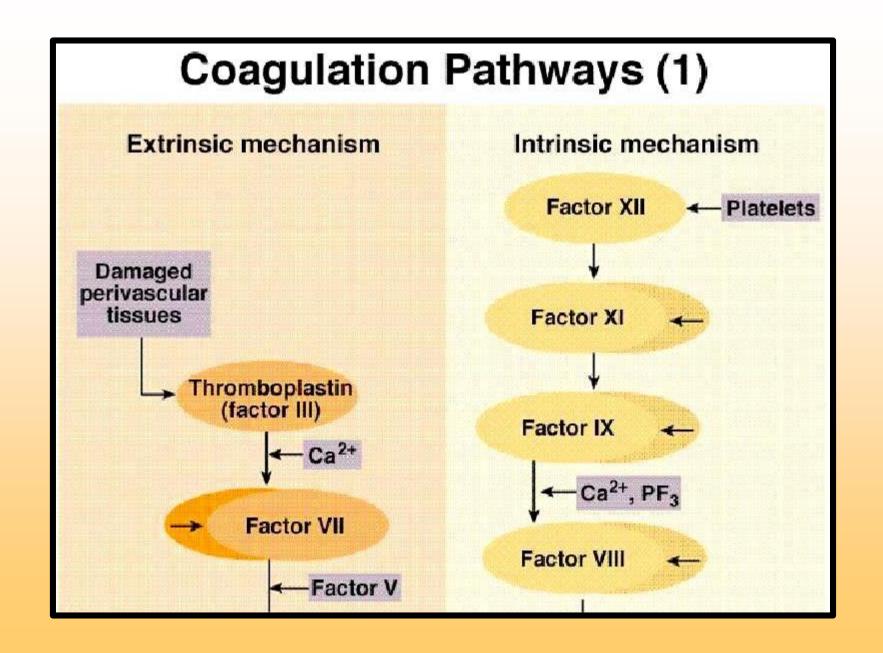


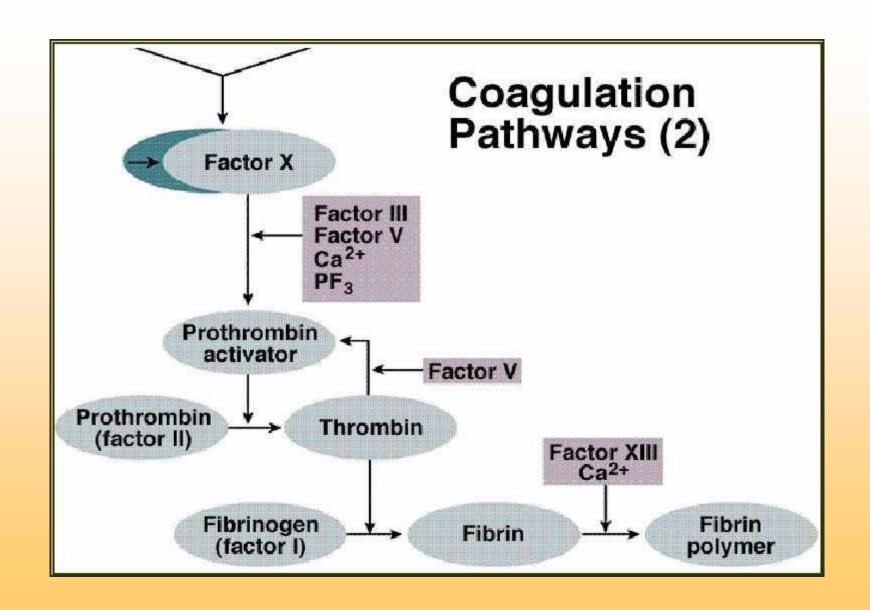


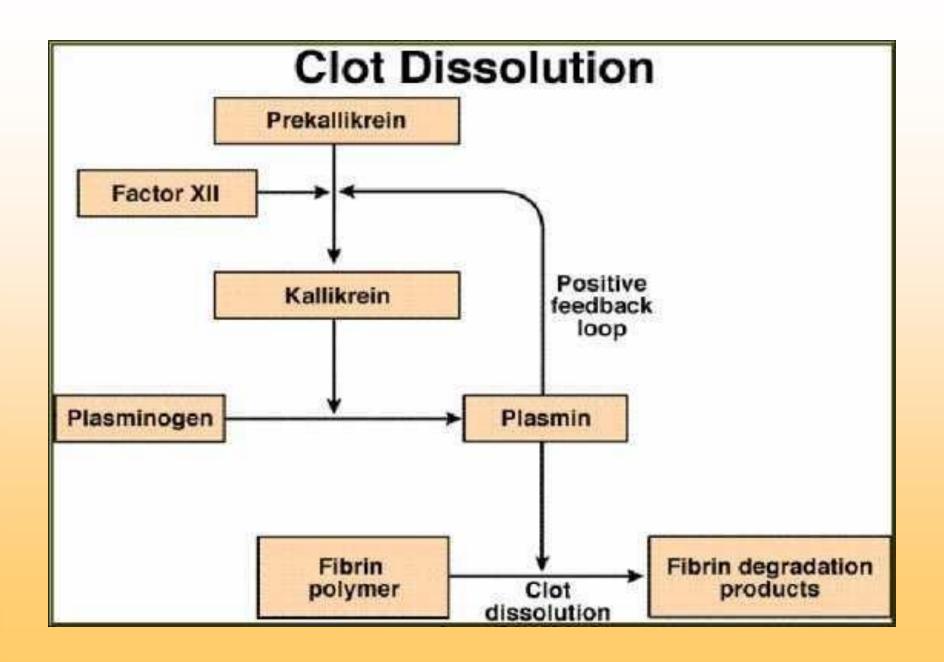
#### Coagulation:

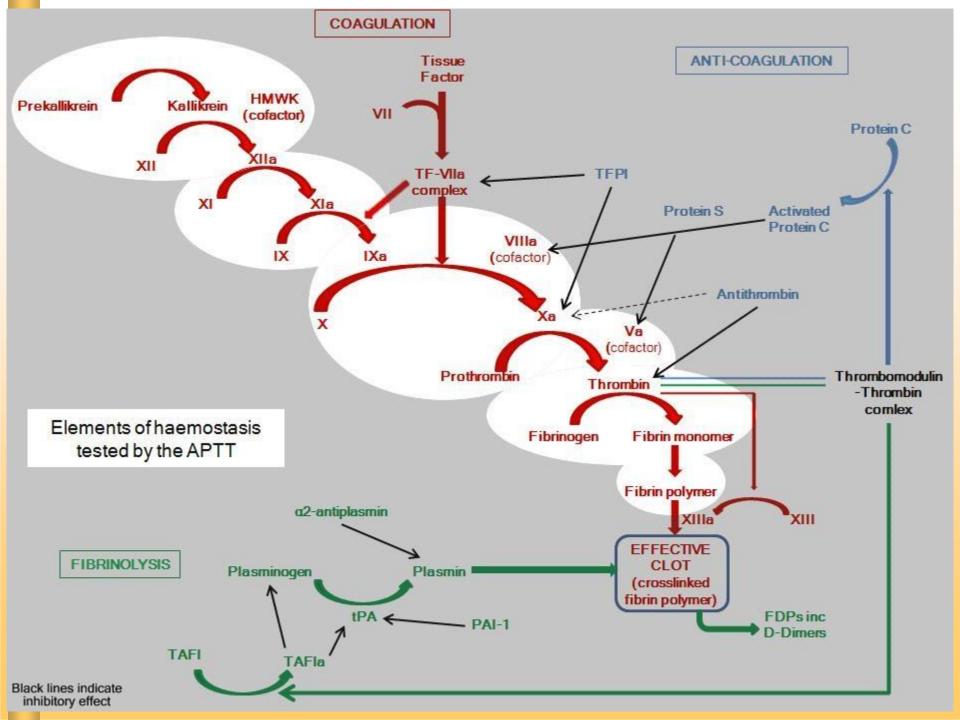


- Contact activation-Intrinsic system
- Tissue factor activation Extrinsic
- Common pathamplification
- Fibrin formation
- Fibrin lysis.











#### Routine Investigations:

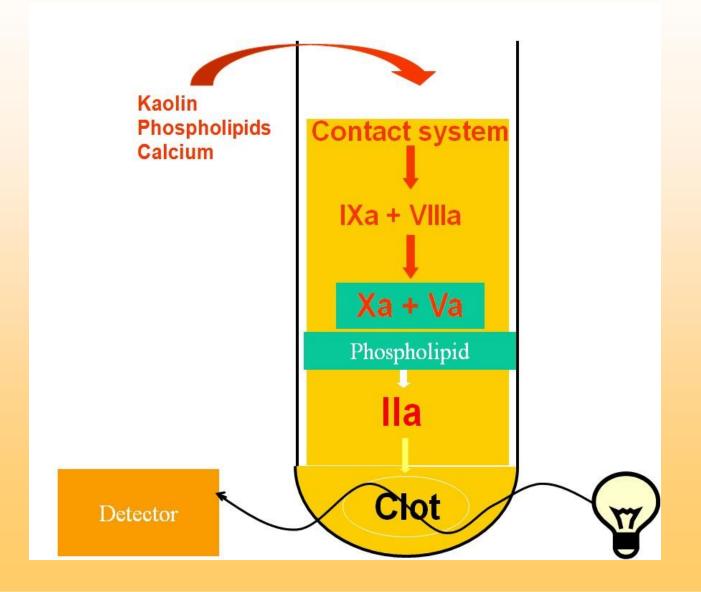
- ➢ Bleeding time BV, PLT
  - ivy template method 2-4 min
- ➤ Clotting time inaccurate 10-15min
- > Prothrombin time Extrinsic 11-15 sec
  - Acquired diseases, liver dis, warfarin therapy
- > aPTT —Activated Partial Thromboplastin Time Intrinsic
  - Haemophilia, Congenital.
- **≻Trombin Time:** Fibrinogen

(common path) – 12-17 sec

- DIC -(Disseminated intravascular coagulation) &
- Heparin therapy.
- > FDP Fibrinogen Degradation Products DIC



# Method A schematic of the APTT is shown below





#### Special Investigations:

- **≻** Specific Factor Assays
- Platelet function studies
  - Aggregometry,
  - Adhesion studies
  - Immuno-fluorescence
- > Electrophoresis
- ➤ Bone marrow examination plt
- ➤ Molecular Biology FISH



## **Bleeding: Clinical Features**

- 1. Local Vs General, spontaneous . .
- 2. Hematoma & Joint bleed Coagulation
- 3. Skin/Mucosal Petechiae & Purpura PLT
- 4. wound / surgical bleeding -
- Immediate (PLT)
- Delayed (Coagulation)

#### Platelet

## Coagulation



Petechiae, Purpura



Hematoma, Joint bl.



#### Disorders of Hemostasis

- Vascular disorders
  - Scurvy, easy bruising,
- > Platelet disorders
  - Low Number or abnormal function
- > Coagulation disorders
  - Factor deficiency.
- **➤ Mixed/Consumption: DIC**



#### Haemophilia

- Congenital deficiency -Factor 8 (A) or 9 (B)
- ➤ Bleeding Haematoma, joint etc.
- > Gene on X chromosome.
  - (Carrier females, Males suffer)
- Prolonged PTT but normal PT.

Factor replacement – Life long.



#### Ideopathic T. Purpura - ITP

- ➤ Young female 20-35y
- Easy bruising, Petechiae, menorrhagia
- ➤ Anti PLT Antibody (IgG) destruction of plt
- Low Platelet number.

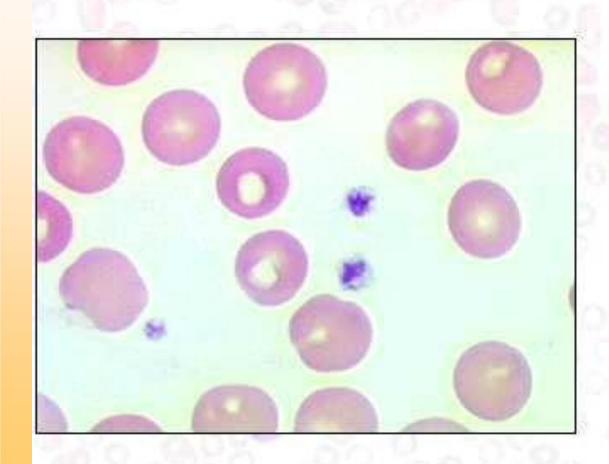


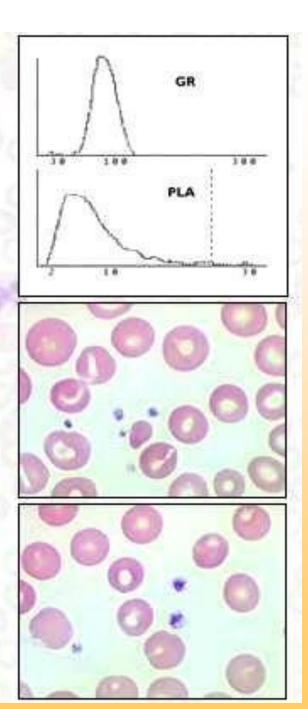
#### Disorders of platelets

- Decreased Number: Thrombocytopenia
  - Decreased Production
  - Decreased Survival Immune (ITP)
  - Increased utilization DIC
- > Defective Platelet function:
  - Acquired Drugs Aspirin, MPS, MDS
  - Congenital Eg. Thrombasthenia.

#### Normal platelets (number and form)

Platelets: 211 000/mm3





## **Clinical Cases**



#### Nail bed - Hematoma



- Red
- •Blue/Gr
- •Brown

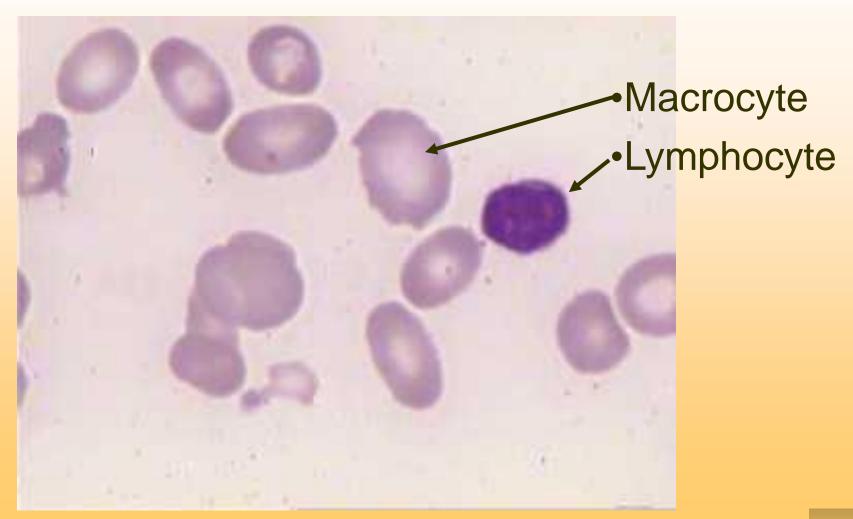


#### Contusion - Hematoma



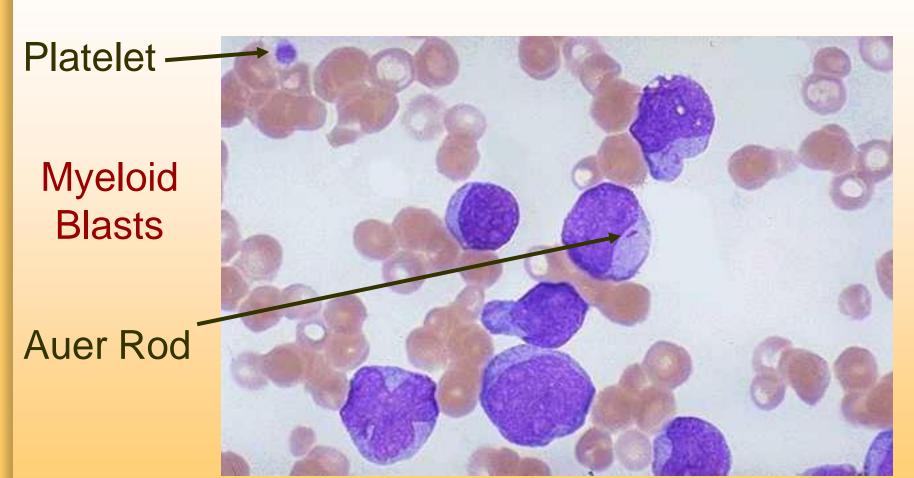


#### Megaloblastic Anemia





## Leukemia (AML-M4)





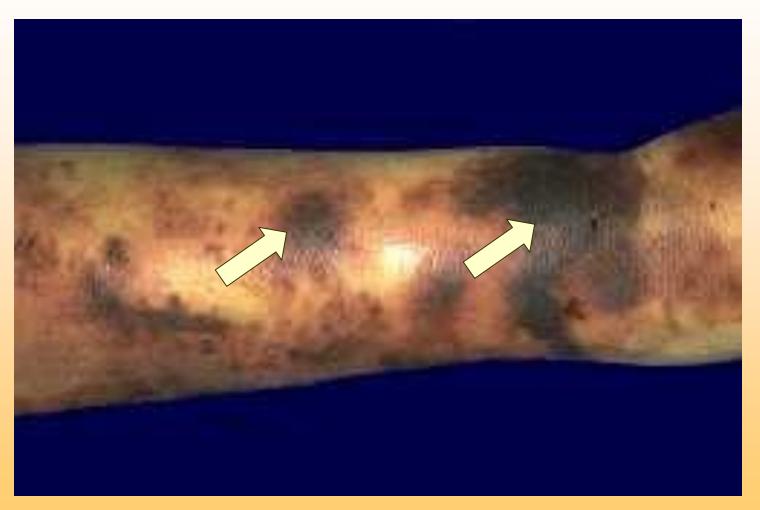


## Petechiae & Echymoses -↓Plt





# Petechiae & Echymoses -↓Plt





## Bleeding-Coagulation disorder

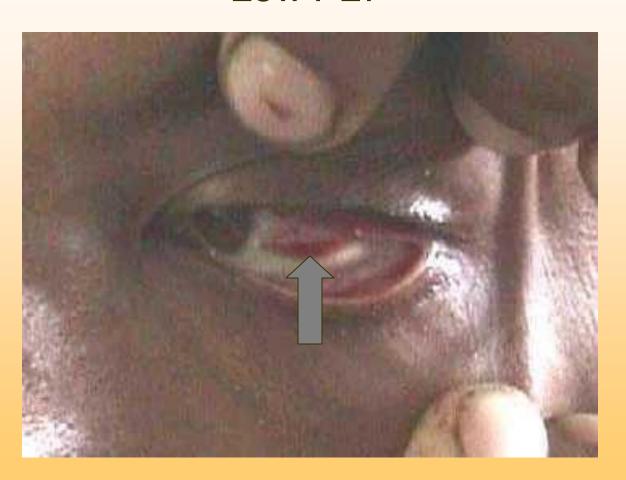


- Deep bleeding
- Haematoma
- Joint bleeds
- Haemophilia



## Sub Conjuctival Haemorrhage

#### Low PLT



# Dengue – Hemorrhagic fever ↓Plt



