

Bleeding/Bruising

Coagulation Proteins defect

(normal bleeding time, PTT/INR abnormal)

Bleeding into deeper tissues (muscle, joints)

Delayed bleeding after initial stop

Congenital

(↑PTT, not PT)

→vWF deficiency (↑ bleeding time too)

→Factor 8/9 deficiency

→Other deficiencies

Acquired

(↑PT and PTT)

→DIC (factor 8 + fibrinogen are low - consumed)

→Vitamin K deficiency

→Liver Disease (factor 8 + fibrinogen are high b/c they're acute phase reactants)

→(Liver disease can also lead to blood clotting – less anti-coagulants produced!)

Platelet Defect

(↑ bleeding/closure time, PTT/INR usually normal)

Petechiae, purpura of mucosal membrane

(Quantitative) Thrombocytopenia (<150x10⁹/L)

(Qualitative) Defective function

↑ Sequestration

→hypersplenism
→splenomegaly

↓ production

↓ Megakaryopoiesis

→aplastic anemia
→toxic marrow damage (i.e. chemotherapy)
→infiltrative displacement of megakaryocytes (i.e. leukemia, multiple myeloma, tumor)
→chronic liver/kidney disease (low TPO)

Ineffective megakaryopoiesis

→B12/folate deficiency
→Folate antagonist
→Immunosuppressive drugs (i.e. methotrexate)

↑ Destruction or ↑ consumption (more common)

Immune

→auto-immune (ITP, SLE, CLL)
→Allo-immune (anti-HLA, HPL-1a antigen)
→Drugs (quinidine, etc)

Non-immune

→DIC (exception: high PTT/INR, low fibrinogen)
→TTP/HUS (less clotting factor consumption than DIC, PTT/INR normal)
→Infection
→HELLP (pregnancy)
→Foreign surface (i.e. prosthetic heart valve)
→Heparin-induced thrombocytopenia (HIT)

Congenital (rare)

(defective sticking of platelets)
→glanzmann thrombasthenia
→bernard-soulier syndrome (1b glycoprotein)

Acquired

→Drugs (i.e. ASA – ↓ thromboxane production, ↓ plt aggregation)
→Any of the Anti-platelet drugs
→Renal disease (low TPO production, incr toxins in blood)

“-penia” = low/deficient
“-asthenia” = weak

Coagulation Protein Tests (PT and PTT)

↑ aPTT, Normal PT
(Intrinsic pathway: factors 12, 11, 9, 8)

↑ aPTT, ↑ PT
(Common pathway: factors 10, 5, 2, 1)

Normal aPTT, ↑ PT
(Extrinsic pathway: TF, factor 7, Vit K)

No Bleeding Tendency
(high aPTT is artifact of testing condition)

Bleeding tendency

Drugs
→ Heparin (inhibits factors 10, 2 with anti-thrombin)

Sufficient Vit K
→ Factor 7 deficiency
→ Factor 3 (tissue factor) deficiency

Insufficient VitK
(factors 2, 7, 9, 10 are affected)

Acquired

Congenital

Factor deficiency
(10/5 = 2/1)

Vit K antagonist
→ Warfarin
(check this first!!)

Drugs
→ Heparin (inhibits factors 10, 2; also 11 & 9)

Auto-antibodies
→ Factor 8 inhibitor (acquired hemophilia; no hemarthrosis)
→ Other factor inhibitors (rare)

Tx:
immunosuppression

→ vWF-deficiency – with low factor 8 (autosomal dominant)
→ Factor 8/9 deficiency (Hemophilia A & B: X-linked recessive)
→ Factor 11 deficiency (autosomal recessive)

Congenital
→ Factor 10, 5, 2 (prothrombin), 1 (fibrinogen) deficiency

Vit K deficiency
→ Antibiotics (killing V-K producing flora in gut)
→ Fat malabsorption (i.e. low bile from cholestasis, low lipase from chronic pancreatitis)
→ Vit A & E ingestion
→ Poor nutrition (no veggies whatsoever)
→ Hemorrhagic disease of the newborn (readily prevented now)

Acquired

→ Lupus-type inhibitors (i.e. antiphospholipid antibodies)
→ Not bleeding, but can cause thrombosis and ↓ plts!
(more common)
Plasma mixing study – results in continued high PTT
(50% of pts have SLE)

Congenital

→ Factor 12 deficiency
→ PK (Fletcher) deficiency
→ HMWK (Fitzgerald) deficiency
(rarer)

DIC

→ ↓ plts. ↓ fibrinogen (1), ↓ factor 8 (consumed)
→ ↑ BT as well
→ Products of fibrinolysis exist (D-dimers, etc)
→ Death is Coming (only seen in ICU patients)

Acquired

Vit K problem
→ Lack of factors 10, 9, 7, 2 activation
→ Coumadin (vit K antagonist)

Liver Disease

→ ↓ synthesis of factors 10, 5, 2 (signs of chronic liver disease)
(factor 8 and 1 levels are high – acute phase reactants!)