

XIV CONGRESSO INTERNACIONAL DE HEMATOLOGIA

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São Paulo Brasil 16 a 21 de Julho 1972

São Paulo Brazil July 16-21 1972

CONFERÊNCIAS

LECTURES



FIBRINOGEN AND STREPTOKINASE¹

281.

DIAGNOSTIC RELEVANCE OF LABORATORY METHODS SUITABLE TO DEMONSTRATE FIBRINOGEN DERIVATIVES IN PLASMA AND SERUM.

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In order to evaluate the relevance of assays considered to be sensitive to soluble fibrinmonomer complexes (SFMC) and/or fibrinogen/fibrin degradation products (FDP) coagulation studies were performed in 104 patients with clinical conditions known to be associated eventually with diffuse intravascular coagulation (DIC), including: fibrinogen concentration, protaminesulfate test, ethanol test, thrombin time, reptilase time in plasma and staph.-Clumping test, precipitin test, rad. immunodiffusion in serum. Although moderate pathological changes of these parameters were observed in about 70% of the cases the clear-cut laboratory diagnosis of consumption-coagulopathy and/or sec. fibrinolysis was established only in 20 pts. Statistical evaluation revealed 1. significant correlation between fibrinogen concentration protaminesulfate test ($r=0.91$) and ethanol test ($r=0.78$) mainly in cases with hyperfibrinogenemia (fg above 500 mg%). A pos. ethanol test as indicator of SFMC should be carefully interpreted under consideration of the fibrinogen concentration on order to avoid false-pos. results. 2. The correlation between thrombin time and reptilase time is more significant at lower thrombin concentrations in the standard assay ($r=0.763$). 3. The staph.-clumping test was confirmed to be a very valuable diagnostic tool for the detection of FDP in serum. Prolongation of Thrombin time, pos. precipitin test and rad. immunodiffusion correlated significantly with staph-clumping titers above 1:64. The effectiveness of this analytical spectrum recommended for routine laboratory use in the detection of hypercoagulable states and DIC is discussed.

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THROMBOLYTIC THERAPY OF ACUTE VASCULAR OCCLUSIONS WITH STREPTOKINASE.

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Streptokinase was administered to 15* patients presenting mainly acute occlusions of distal arteries and veins. After injecting a neutralizing dosage as indicated by the anti-streptokinase titer found in patients serum, a continuous intravenous infusion was applied proving 200,000 international units per hour during the first four and 100,000 units per hour during the following hours, with adjustments — if required — in order to maintain the thrombin-time at 2-4 times the basic level. The duration of lysis was from 22 to 96 hours, depending upon the clinical evolution, with an average duration of 47 hours.

The lytic effect was evaluated clinically as well as by means of arterio- and phlebography.

There was a reopening in the 6 cases of arterial embolism treated. The blood flow improved in the patients presenting a partial thrombosis of the terminal aorta.

In the group of 9 patients with phlebothrombosis the best results were obtained if the site of occlusion was at the level of the ileo-femoral vein. The lytic treatment could not be completed in one post-partum patient with a distal phlebothrombosis because of uterine bleeding, not accompanied by abnormalities in the thrombin-time level.

In a patient with thrombosis of the cavernous sinus of penis the priapism did not subside, however posterior surgery revealed that there were no coaguli any more.

Data referring to control measures of the lytic therapy are presented and discussed (plasma thrombin-time and fibrinogen level) as well as those data that were obtained in order to testify the degree of lytic activity induced (euglobulin lysis time, fibrinogen split products, TEG).

* The analysis of cases treated after Oktober 31st, 1971, will also be included in the communication.

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STUDIES OF FIBRIN DEGRADATION PRODUCTS AND HEMOSTASIS IN DENGUE HEMORRHAGIC FEVER.

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Thai Hemorrhagic Fever (THF) is an acute infectious, febrile and mosquito-borne disease caused by dengue virus type 1 to 4 which occurs in Southeast Asia. It manifests with fever, bleeding, rashes, hepatomegaly and circulatory failure in some cases. The patients are classified by severity as group I with only febrile symptom, group II with bleeding, rashes and other symptoms and group III with signs of circulatory failure.

Forty children with serologically proved dengue hemorrhagic fever were serially studied for fibrin degradation products (F.D.P.) and hemostatic tests. There were 4 cases in group I (10%), 20 cases in group II (50%) and in group III 16 cases (40%). Bleeding manifestations apart from purpura were observed in group I, II, III as 0, 4 and 75% respectively.

All patients had thrombocytopenia and increased level of F.D.P. Increased platelet adhesiveness, prolonged partial thromboplastin time, prolonged prothrombin time, decreased level of fibrinogen and other clotting factors were observed in some cases. Euglobulin lysis time and platelet aggregation showed normal results in all. Eighty one per cent had abnormal Tourniquet test. The degree of abnormalities in hemostatic tests correlated well with the degree of severity.

Thrombocytopenia due to bone marrow hypoplasia and coagulation defect due to liver damage have been reported. The possibility of D.I.C. is discussed.