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0140 SULFINPYRAZONE OR ACETYLSALICYLIC ACID TO PREVENT POSTOPERATIVE THROMBUS FORMATION IN ARTERIOVENOUS FISTULAS OF HAEMODIALYSIS PATIENTS

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The effect of sulfinpyrazone (2oo mg three times a day) and acetylsalicylic acid (5oo mg three times a day) on the incidence of thrombosis of arteriovenous shunts was investigated in a controlled clinical trial. In 36 patients with chronic renal failure scheduled to begin haemodialysis the same operating team constructed a subcutaneous fistula in the distal forearm. During the first six weeks after the operation the antithrombotic efficacy proved to be good for both substances. No differences of thrombotic events between the two treatment groups were statistically significant. But in contrast to acetylsalicylic acid sulfinpyrazone made no significant inhibition of platelet - aggregation; sulfinpyrazone probably will prevent the clot formation by prolonging the shortened platelet survival in uraemic patients. In a high rate of patients given acetylsalicylic acid (1o out of 17) there were local bleeding and gastrointestinal side effects. In consequence we should prefer sulfinpyrazone, because in the sulfinpyrazone group side effects were minimal and in none patient withdrawal from the study was necessitated.

Clinical Use of Coagulation Concentrates

Level 6 Terrace (Green Side)

Free Poster Session 11.30 – 12.45

P6-092 0141 INCREASE OF FIBRINOPEPTIDE A AFTER CONCENTRATES OF THE PROTHROMBIN COMPLEX

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Prothrombin complex concentrates (PCC) are known to carry a risk of thromboembolism. Platelet count, fibrinogen, FDP and other tests indicative of intravascular activation of the clotting mechanism are usually unchanged following PCC administration in patients. The problem of detecting early signs of activation of the clotting mechanisms was thus reassessed by means of sensitive parameters of platelet damage and thrombin formation such as β-thromboglobulin (BTG) and fibrinopeptide A (FpA). FpA was significantly increased above baseline levels 30 to 90 min after the infusion of five types of commercial PCC to ten hemophilia B patients treated for fourteen episodes of spontaneous bleeding. A more marked FpA increase ensued the infusion of the activated PCC FEIBA and Auto IX in seven hemophilia A patients with FVIII inhibitors treated on nineteen occasions. There was no change after FVIII concentrates administred to a control group of five hemophilia A patients. Changes of BTG were observed more rarely; FDP, fibrinogen, platelet count, antithrombin III and paracoagulation tests were not modified. These findings suggest that formation of thrombin in the circulation is likely to be a frequent event after PCC administration, though clinical manifestations of thromboembolism appear to be relatively rare.