

Poster
Board
P5-036

0737 BEHAVIOUR OF VIII-RELATED PROPERTIES IN RESPONSE TO INFUSION OF DDAVP IN PATIENTS WITH FVIII-COMPLEX DISORDERS

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We have infused DDAVP (1-desamino-8-D-arginine vasopressin) (0,4ug/Kg b.w.) in 15-20 min., during tooth extraction, in 1 patient (pt) with moderate hemophilia A, 2 pts with classical von Willebrand's disease (vWd), 1 pt with vWd variant and 2 pts with FVIII+FV combined deficiency. At fixed times from infusion (0, 15', 6h, 24h) we have studied the behaviour of FVIII-related properties (VIII:C, VIIIIR:AG, VIIIIR:RCo). In every pt DDAVP increased all 3 FVIII-related properties, particularly the VIII:C augmented 4-5 fold the basal levels in the hemophilic and FVIII+FV deficiency pts, while it always reached the normal levels in vWd pts. In one of classical vWd pts, DDAVP permitted us to estimate the electrophoretic mobility (EM) of FVIII-related protein (undisable at 0 time by Laurell technique) which resulted normal. In the pt with vWd variant (C=7%, RCo<5%, AG=100%, abnormal EM) the RCo reached only 18% and the EM always maintained abnormal. In the FVIII+FV deficiency pts the response of FVIII-related properties was similar to the hemophilic pt, while FV did not undergo any increase.

Clinical Haemostasis

Level 5 - Terrace (Green Side)

Free Poster Session 11.30 - 12.45

P5-043 0738 THE RELATIONSHIP BETWEEN INITIAL INTRAVASCULAR COAGULATION AND LATER INFECTIOUS COMPLICATIONS IN PATIENTS WITH SEVERE CLOSED BRAIN INJURY

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Survived from initial brain injury (BI), patients may later succumb to infectious complications. The present study evaluates the incidence of infectious complications following proven intravascular coagulation (IC) in BI. Data of haemostasis are as follows: platelet counts, intravascular platelet aggregation, fibrinogen concentration, factor XIII activity, paracoagulation tests for soluble fibrin, fibrinolytic activity (FA) and thromboelastography in systemic arterial and venous and in cerebral venous blood (CVB) were carried out in 32 patients, 50 of them with severe BI. The severity of IC was more clear in cases of severe BI and in CVB samples compared with arterial ones in the first day of BI. Of 43 patients with slight evidence of IC i.e. hypercoagulation, nobody developed later infectious complications, of 23 patients with moderate IC i.e. consumption coagulopathy, 4 developed later pneumonia and 12 urinary tract infection and of 16 patients with severe IC i.e. hypocoagulation with increased FA, all developed later pneumonia and urinary tract infectious and 9 of them - sepsis. So the relationship between the severity of initial IC and later infectious complications in BI exists.