

1102 COAGULANT EFFECTS OF NORMAL AND MALIGNANT TISSUE

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A prospective study has been conducted on the procoagulant activity of tumor tissues and normal tissues removed during the course of surgery and therapeutic procedures. The presence of potent tissue thromboplastic action was demonstrated in cells removed from certain types of normal and malignant tissue. A less potent incomplete thromboplastin can be isolated from certain tumor tissues. The bulk of the activity is present in the cellular fraction although partial recovery can be achieved from the supernate after freezing and thawing. Assays for prothrombin, thrombin, fibrinogen and coagulant inhibitors revealed no activity by the standard assays which were employed.

1103 BLEEDING COMPLICATIONS IN ACUTE MYELOBLASTIC LEUKAEMIA (AML)

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Bleeding is common in acute myeloblastic leukaemia (AML). From our experience with 30 children suffering from AML we drew the following conclusions: At the time of diagnosis, the danger of bleeding cannot be predicted by laboratory means. However, the following factors represent increased risks: Promyeloblastic leukaemia, high blast count, low fibrinogen, low plasminogen. From coagulation studies performed at the time of bleeding complications, the pathomechanism leading to bleeding complications usually cannot be detected. The question, whether impairment of production, consumption coagulopathy, or primary fibrinolysis causes the bleeding complications can only be answered by controlling frequently clinical and haemostatic criteria, which include the thrombocytic system as well as plasmatic coagulation and fibrinolysis. At the present time, the therapy of bleeding complications in AML is symptomatic. It consists of transfusion with thrombocytes or fresh whole blood, respectively. Coagulation factor concentrates should only be given in combination with Heparin to prevent the deterioration of consumption coagulopathy.

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