

Supplementary Abstracts

Haemostasis

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HAEMOSTATIC FUNCTION AND THE PREDICTION OF FATAL RE-INFARCTION. A.F. Haines, D.J. Howarth, W.R.S. North, T.W. Meade and M.W. Miller-Craig. MRC Epidemiology and Medical Care Unit and Department of Cardiology, Northwick Park Hospital, Harrow, England.

Haemostatic function was studied in over 500 patients within a day or two of their admission to the Coronary Care Unit at Northwick Park Hospital. All were followed up. Those who died within a year of admission were identified and the cause of death established. This paper deals with early mortality in those with confirmed myocardial infarction. At six weeks, 40 of these patients had died of re-infarction. Mean admission levels of factor VIII (clotting and antigen) and of fibrinogen were, by 15-20%, significantly higher in those who died than in those who survived. Mean fibrinolytic activity was about 50% less. These three measures - factor VIII, fibrinogen and fibrinolytic activity - thus appear to have some predictive value for fatal re-infarction. The differences between those who died and survived might have been the consequence of more extensive initial infarcts in the former. Alternatively, disordered haemostasis tending towards "hypercoagulability" may be of causal significance in fatal re-infarction.

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POST PANCREATECTOMY ALTERATION OF HEMOSTATIC PARAMETERS IN DOGS. Harry L. Messmore, J. Fareed, T. Terem, R. Prinz, R. Freeark, J. Walenga and J. Kelly. Stritch School of Medicine, Maywood, IL 60153 U.S.A.

Alterations in the components of coagulation, fibrinolytic and kallikrein systems, pancreatic enzymes, and physiological inhibitors of serine proteases have been reported after pancreatectomy and may be used as an index of the success of surgical procedure. Post surgical alterations of the components of hemostasis, kallikrein - kinin system and other laboratory parameters were monitored after three established procedures for distal pancreatectomy were performed in dogs. Fifteen animals were subdivided into 3 groups and designated according to the closure technique used: 1) Individual closure of distal end (IC), 2) mass ligation with 0 silk (MLS), and 3) automatic stapler (AS). Blood samples were drawn from the peripheral veins prior to and immediately after surgery, and over a period of 14 days. No alteration in the hemoglobin, hematocrit, red cell indices and platelets were noted in all groups, however, a sharp increase in the leukocytes was noted with a peak at 24 hours post surgery and gradual return to a steady level at 72 hours. A gradual rise in the fibrinogen level was seen in all groups with a peak (2-2½ fold base line) at 48 hours, with a gradual return to the original values within 5 days. Prothrombin time, non-activated partial thromboplastin time, thrombin time, reptilase time, progressive antithrombin and antithrombin-III remained unchanged. A marked reduction of antiplasmin, antikallikrein (Glandular) and antitrypsin activities was observed, and a slight reduction in the HMW kininogen was observed. Free kinins were not demonstrable. Although significant increases in the APTT were seen in all groups, the MLS group showed the most pronounced increase. The increase in pancreatic enzymes and elevated APTT are suggestive of some leakage of pancreatic enzymes into circulation, which may contribute to certain post pancreatectomy pathophysiological responses.