FIBRINOLYSIS IN THE UPPER GASTROINTESTINAL TRACT. J. Low, A.J. Dodds, and J.C. Biggs, Dept. of Haematology, St. Vincent's Hospital, Sydney, Australia.

Local fibrinolytic activity can contribute towards the continuation of haemorrhage from many tissues. Fibrinolysis has been documented in the gastro-duodenal mucosa, gastric venous drainage and gastric secretions and a recent double blind trial indicates a beneficial effect of a fibrinolytic inhibitor in patients with gastrointestinal haemorrhage. In the present study, the fibrinolytic role of acid, pepsin, trypsin, chymotrypsin and other components of the gastro-duodenal and biliary secretions has been studied in control subjects and patients with a variety of diseases using a labelled clot lysis method. The effect of inhibitors and pH changes on the various systems has been assessed. In addition, the fibrin degradation products have been followed by acrylamide gel electrophoresis. In general, gastrointestinal fibrinolysis can be inhibited by pH changes or by various inhibitors and this may have therapeutic implications.

COAGULATION STUDIES IN ASIAN WOMEN ON THE 50 MICROGRAM COMBINED ORAL CONTRACEPTIVE PILL. F.H.M. Tsakok, S. Koh and S.S. Ratnam. University of Singapore, Department of Obstetrics and Gynaecology, Kandang Kerbau Hospital, Singapore.

Few, if any studies of coagulation and fibrinolysis have been performed in Asian women. This was because they seemed to be immune from thromboembolic diseases. Since it has been confirmed that the risk of thromboembolism in Caucasian women on oral contraceptives containing 50 microgram of oestrogen is much increased, and that there are also coagulation changes in them, it was found therefore necessary to do similar studies in Asian women.

The present report is a prospective study of 100 women on the combined pill containing not less than 50 µg oestrogen. A comprehensive number of tests were performed for the overall clotting effect, coagulation factors and inhibitors, fibrinolysis and inhibitors, and platelet function tests.

The overall clotting time seemed to be reduced. Certain coagulation factors were elevated, especially factor VII and factor X. Antithrombin III levels remained the same. There were no significant fibrinolytic changes in the blood. Platelet function tests were not significantly changed. The changes in the blood profile although similar to Caucasian women, have still to be evaluated in its significance to the risk of developing thromboembolic disease.

CALIBRATED PLASMAS, SURVEYS AND STANDARDIZATION OF PROTHROMBIN TIME: A MODEL PRACTISED IN THE FEDERAL REPUBLIC OF GERMANY. J. Fischer, H. Beeser. Institute for Standardization and Documentation (Instand) Duesseldorf, Institute for Experimental Hematology, University Bonn; Fed. Rep. of Germany.

In order to establish comparable results of prothrombin time (PT) between laboratories, a system of calibrated plasmas for accuracy control at different activity levels was developed. For each thromboplastin commonly used, assigned values are given as ratio and percent activity, which all refer to the mean result of standardized normal plasma pools and corresponding saline dilutions from selected reference laboratories. This system for complete internal quality control has been practised in Germany for three years in addition to external quality control, routinely carried out by quarterly proficiency testings with more than 250 laboratories. Proceeding in this way PT results and performances in Germany now prove to be increasingly reliable and comparable despite having twelve different thromboplastins on the market. Stimulated by this progress some further efforts to standardize PT measurements are being realized using lyophilized calibration plasmas and a deep frozen plasma pool preparation as a generally accepted reference point of 'normal'. Nevertheless it is still desirable that various commercial thromboplastins with different composition and sensitivity be standardized.