

## Editorial

## Theme Issue: “Critical Management Decisions in Hemostasis and Thrombosis”

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The rapid development of scientific and clinical research and almost exponential increasing numbers of medical publications make it difficult to keep track of current therapeutic concepts. Despite printed review literature, electronic platforms, scientific meetings, and a broad assortment of Continuing Medical Education tools, the distribution of the personal experience and knowledge of specialists in their fields is probably the most focused way to educate readers.

This special issue of *Hämostaseologie - Progress in Haemostasis—Critical Management Decisions in Hemostasis and Thrombosis*—hosts eight review articles of leading experts in the field of thrombosis and hemostasis. These articles cover a broad field of clinical disorders, where hemostasis problems play a major role in clinical management.

At the beginning, **Andreas Tiede**<sup>1</sup> summarizes the current knowledge on acquired hemophilia A, a rare but important coagulation disorder, for which the last years brought major new developments, leading to a paradigmatic change in management.

This holds equally true for congenital hemophilia, and the article by **Pratima Chowdary**<sup>2</sup> and coworkers gives a comprehensive overview on the latest innovations in hemophilia management.

Thrombotic disorders are gaining increasing importance, not only due to the current SARS-CoV-2 pandemic. Apart from the more common and more frequent deep vein thrombosis and pulmonary embolism, thrombosis at unusual sites is of especial interest. The article of **Nicoletta Riva**<sup>3</sup> and coworkers describes the problems arising with thrombosis at unusual sites with a focus on ovarian vein thrombosis.

In contrast, anticoagulant treatment is associated with an increased risk of bleeding, which causes considerable concerns in some patient groups. In their article, **Cihan Ay**<sup>4</sup> and coworkers provide valuable insight in this field.

Platelet-related disorders are both frequent and complex and often a cause of confusion in many clinical settings. In this issue, some of the most important platelet-related diseases are discussed.

The article by **Tamam Bakchoul**<sup>5</sup> and coworkers describes the current knowledge on immune thrombocytopenia, a well-known and frequently occurring disease, which still can cause problems in some patients.

A paradigmatic change took place during the last years for the thrombotic thrombocytopenic purpura, a disease that was considered a hematological emergency and is now rather easy to treat with the new therapeutic Nanobody, caplacizumab. **Paul Coppo**<sup>6</sup> and coworkers summarize a fascinating story.

Anticoagulation during extracorporeal circulation can often cause major confusion in critical care medicine, as several heterogeneous confounding factors influence the thin line between clotting of the system and bleeding complications. The article by **Nina Buchtele**<sup>7</sup> and coworkers provides practical tools to guide between these two extremes.

Finally, a setting where speed counts and elaborate laboratory testing comes too late is the operation theater of a trauma center. **Herbert Schöchl**'s<sup>8</sup> and his coworkers' article on trauma-induced coagulopathy nicely describes how fast and effective decisions can help prevent catastrophic development.

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This is, of course, just a selection of very special conditions, as dependent on the expertise of the authors, and many other, equally important disorders are possible. We trust that additional contributions on the decision-making process in complex clinical settings will be submitted to the *Journal*. Thus, several articles on this topic are underway or still in review and will be published as part II in an upcoming issue.

We highly appreciate the time and effort all our authors have spent in preparing their exciting manuscripts. We cordially thank them and the article reviewers for actively supporting this issue of *Hämostaseologie - Progress in Haemostasis*.

Keep well,

Paul Knöbl  
Rüdiger E. Scharf

#### Conflict of Interest

The authors declare that they have no conflict of interest.

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