ACCELERATED HEMOSTASIS IN CORONARY ARTERY DISEASE. T. Wajima and L.L. Hurbert.
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Several antithrombin III levels and positive paracoeagulation tests occur in some cases of coronary artery disease. This could be related to the cause of atherosclerosis or it could be a result of the disease itself. Thirty-two patients who had arteriosclerotic heart disease, coronary artery occlusions (1-2 vessels), and were subjected to coronary artery bypass surgery were studied for active hemostatic mechanisms of coagulation. Plasma fibrinopeptide A (FPA) levels, fibrinogen, paracoeagulation tests, and antithrombin III assays were performed. In addition, PT, PTT, TT, ECT, and DFP were examined. The blood samples were taken 2-3 days before surgery. Ten of 31 had elevated levels of FPA, and 21 had normal FPA. Eleven patients had positive paracoeagulation tests. Six of 31 showed decreased antithrombin III. Seven had an increased fibrinogen level (over 500 mg%). Four of ten patients with elevated FPA had positive tests for paracoeagulation, decreased antithrombin III and increased fibrinogen.

CHRONOBOLYTIC THERAPY WITH STREPTOKINASE IN ACUTE DEEP VEIN THROMBOSIS.
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The difficulty is known to determine the real date of the beginning of venous thrombosis. Acute deep thrombosis of the femoral and pelvic veins can be followed by two severe complications: pulmonary embolism and chronic venous insufficiency. Primarily causal treatment has to be aspirin: thrombectomy or thrombolysis. Confrontation of the two groups: 56 successfully thrombolysed occlusions with streptokinase (SK) contrary to 54 heparin treated occlusions without success. Control 3 years later: clear-out advantage of thrombolytic therapy. Evaluation of 93 patients in a study over ten years with acute, deep venous thrombosis of the extremities after SK treatment: success rate 65%. Comment on the situation of acute postoperative thrombosis with the possibility of thrombolytic treatment based on our experimental examinations. In summary, it can be stated that thrombolysis treatment cannot be started before the seventh postoperative day without risk of hemorrhage. Side effects respectively complications of SK treatment have to be mentioned like febrile reactions and hemorrhages. Fever appeared in 57% of the patients of a large study, hemorrhaging in 29% of the cases, 22% of which could be considered mild. Pulmonary embolism during thrombolysis occurred in 4-5%, 1-2% lethal. An over-all lethality rate for SK therapy in the mentioned study is between 1.2 to 1.6%.

INCREASE IN PLATELET VOLUMI AND AGGREGABILITY IN ASHEROSOL DIPHOSPHATE INDUCED PULMONARY MICROTHROMBOSIS AND EFFECT OF ACETYLSALICYLIC ACID TREATMENT. T. Motemay and H. Venkatas.
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Several reports suggest that functional and morphological changes of platelet may occur in atherosclerotic and thromboembolic diseases and acetylsalicylic acid (ASA) has been considered as one of the possible beneficial treatments of such conditions. Thirty male rabbits including 7 pretreated with ASA 200 mg/kg p.o. for 4 days were catheterized. ECG, respiration, arterial and central venous pressures were recorded and the central vein and citrated blood was obtained before, 30 seconds, 3, 10 and 45 minutes after the injection of keratin plates. Platelet count and volume were measured using with a Coulter Counter ZBI coupled with a Channeleyser C-1000. Platelet aggregability was determined by a Slenczka aggrupemeter. Within several seconds after completion of ADP injection the animal developed bradycardia, pressor response, ischemic ST-T wave changes, hypotension, ischemic ST-T wave changes, apnea or convulsion. Platelet count decreased at 30-second and increased at 10-minute after injection. Significance increases in platelet volume and aggregability were noted with no over change in platelet morphology at 3 and 10 minutes after ADP injection. Correlation between platelet volume and aggregability was significant (r=0.60, p<0.05). This experiment demonstrated that platelet size or volume is not only dependent on its age but changes transiently under certain circumstances such as thrombosis. Treatment with ASA prevented cardiopulmonary disorders and changes in platelet volume and aggregability induced by administration of ADP.