TREATMENT OF CLOTTED BRESCIA-CIMINO-SHUNTS BY THROMBOLYTIC THERAPY WITH STREPTOKINASE. H. Mii, Herter, H. Birndorf, M. Schaefer and H.A. Guerrero. Department of Internal Medicine, University of Göttingen, W. Germany.

In patients with chronic renal insufficiency undergoing chronic haemodialysis or hemofiltration, shunts with great blood flow are always needed. In the past few years we have preferred Brescia-Cimino shunts (BCS). As there are only a few arteries and veins, from which shunts are able to be formed, we always try to save clotted shunts. We have performed thrombolytic therapy with Streptokinase® 24 times. Immediately following the clotting of a BCS we began hemodialytic treatment for about 10-12 hours. Afterwards, according to the RITA titres, an initial dose of Streptokinase® was applied; this was followed by continuous cases of about 100,000 units/hour. If another hemodialytic treatment was necessary before removing the shunt, we started this only after 3 days with a reduced dose of Streptokinase® (30 % of the original amount). In 22 cases this thrombolytic therapy was successful within 2-100 hours, in 2 cases the shunts remained clotted. In three of the successfully treated patients, the shunts had been clotted for 19, 20 and 50 days. We believe that thrombolytic therapy with Streptokinase® in patients with clotted BCS has proven to be successful and dependable.

ALTERATIONS OF BLOOD COAGULATION IN PATIENTS WITH PANCREATIC DISORDERS. H. Härting, M. Haasenpfort, W. Henes and P.G. Lamich. Department of Internal Medicine, University of Göttingen, W. Germany.

Hemorrhage as well as thrombomembolism is often found in patients with pancreatic diseases. We systematically examined in the past two years blood coagulation factors in 74 patients, who were admitted to our clinic with elevated levels of amylase or who were transferred from other hospitals after complications had occurred. 58 patients with increased amylase (20 patients with acute pancreatitis, 25 with chronic releasing pancreatitis, 11 with concurrent pancreatitis and pancreatic cysts) showed no severe complications. In comparison to 26 normal persons we found significant differences in the following results: enhancement of the thrombin generation in the TT shortened, shortening of the PT and of the a- and k-time in the TEG, lowered levels of α2-antitrypsin, α2-macroglobulin and heparin-like substances (Hesler Test), increased levels in fibrinogen and fibrin monomers complexes, and decrease in platelets and in Quick's Test. There were no changes in the thrombin time, antithrombin III and plasminogen. In the group of 16 patients with complications there were only 3 cases of hypercoagulability, all others showed signs of consumption-coagulopathy. The nine patients who died all showed signs of acute renal failure and pancreatic lung. We believe that the disturbances of blood coagulation in patients with increased levels of amylase are initially caused by hypercoagulability and lead in some cases to thromboembolism, consumption-coagulopathy and DIC of the lungs and kidneys.

SUPPLEMENTARY WARFARIN INGESTION IN THREE NURSES WITH CO-EXISTING BLEEDING DISORDERS. G. A. Hayne, L.H. Sherman, L.M. Ostro and E. Fraser. Dept. of Medicine, Dalhousie University, Halifax, N. S. and Dept. of Medicine, Washington University School of Medicine, St. Louis, Missouri.

We describe the clinical course and coagulation data of three patients suppositories ingesting Warfarin. All three patients, however, had co-existing conditions and screening coagulation tests which were initially felt to be responsible for the hemorrhagic state. All three patients were young nurses with access to Warfarin. The first patient with previously documented systemic lupus erythematosus presented with hematuria and soft tissue bleeding and on the basis of screening coagulation tests was felt to have a lupus type anticoagulant. The second nurse had disseminated intravascular coagulation and the third nurse had congenital factor V deficiency. All patients, however, had a severe depression in Vitamin K dependent coagulation factors and high levels of Warfarin were detected in the plasma of all patients. The co-existence of a disorder capable of producing hemorrhage and occult Warfarin ingestion has not been previously reported and presents a clinical diagnostic challenge.