

Pemeriksaan Hemostasis Sekunder



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Laboratory test for secondary haemostasis

- Prothrombin Time (PT)
- Activated Partial Thromboplastin Time (APTT)
- Thrombin Time (TT)



Haemostasis mechanism

- desquamation & small injuries
blood vessels
- vascular intima & platelets
- Rapid, short-lived response

**Primary
haemostasis**

- large injuries and other tissues
- platelets & coagulation system
- delayed, long-term response

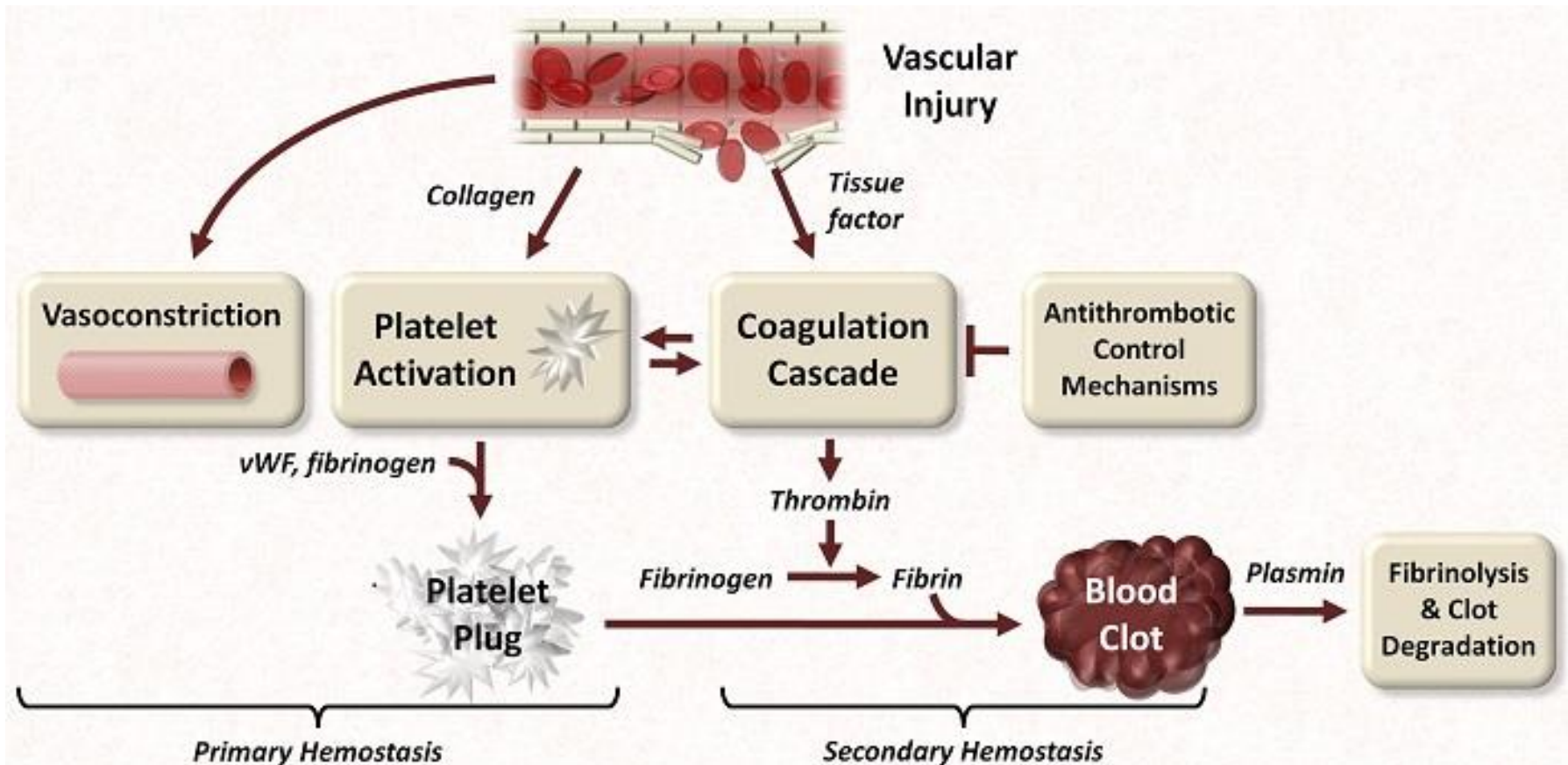
**Secondary
haemostasis**

- Control or regulatory mechanism
- involves fibrinolytic system

**Tertiary
haemostasis**



Major component of haemostasis



Prothrombin Time (PT)

Purpose:

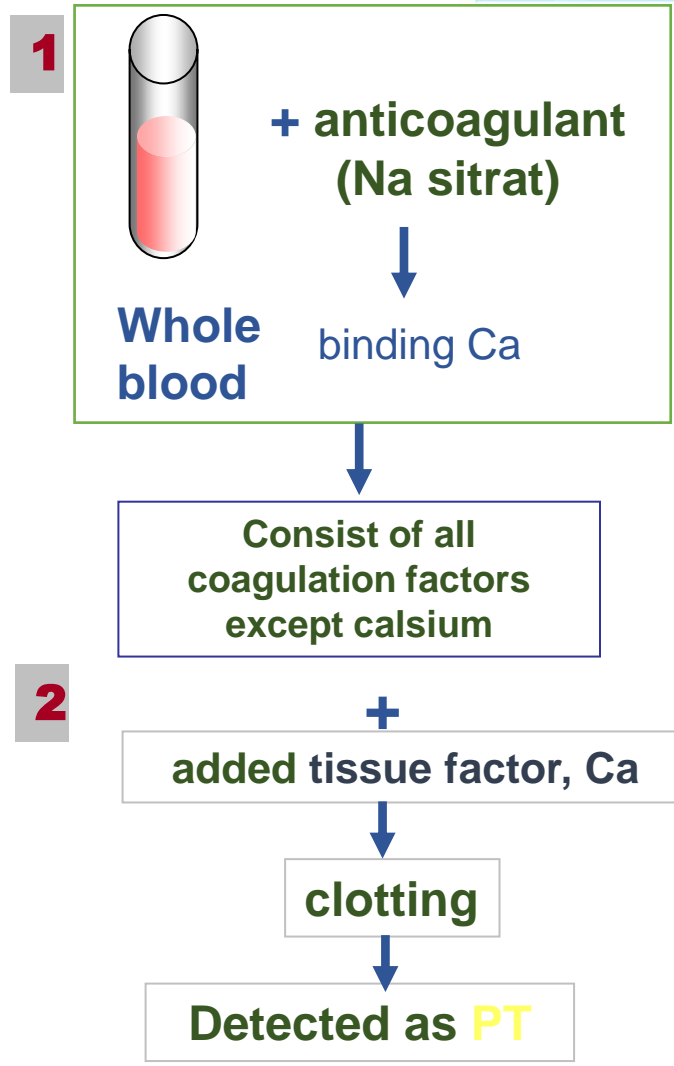
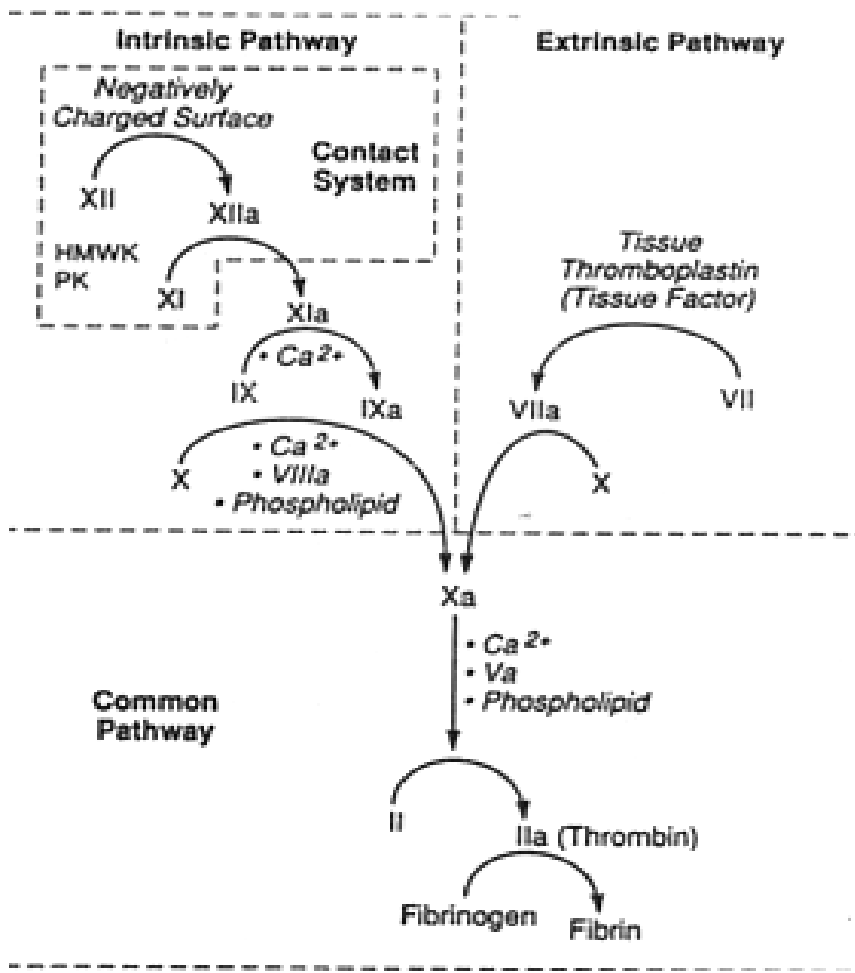
- The PT assay is used to screen for inherited and acquired abnormalities in the extrinsic (factor VII) and common (factors V, X, protrombin and fibrinogen) pathways
- The PT is also used to monitor the effect of oral anticoagulant therapy

Principle:

- Clotting is initiated by a commercial tissue factor reagent, called thromboplastin, and calcium are mixed and the clotting time determined.

In vivo

PT





Prothrombin Time (PT)

- Normal range (depend on reagent used)
 - 10-12 seconds
 - 12-14 seconds
- When patients are receiving oral anticoagulants, the ratio of the patient's PT to that of the normal control is useful in monitoring this therapy

Prothrombin Time (PT)

Interpretation:

- The common causes of prolonged PT are:
 - The administration of oral anticoagulant drugs (vit K antagonist/Warfarin)
 - Liver disease
 - Vitamin K deficiency
 - Disseminated intravascular coagulation
 - Deficiency of extrinsic coagulation factors
 - Inhibitor to F. VII

INR

- Control of oral anticoagulant
- Variation in reagent of PT
- Standardization of thromboplastin: ISI (International Sensitivity Index)

• INR =
$$\left[\frac{\text{Patient's PT}}{\text{mean PT of normal plasma}} \right]^{\text{ISI}}$$

Therapy range : 2 - 3 (low intensity); 2.5 - 3.5 (high intensity)



Activated Partial Thromboplastin Time (APTT)

Purpose:

- The APTT assay is used to detect inherited and acquired coagulation factor deficiency and quality of the intrinsic pathway, to screen for lupus anticoagulant and to monitor heparin therapy

Principle:

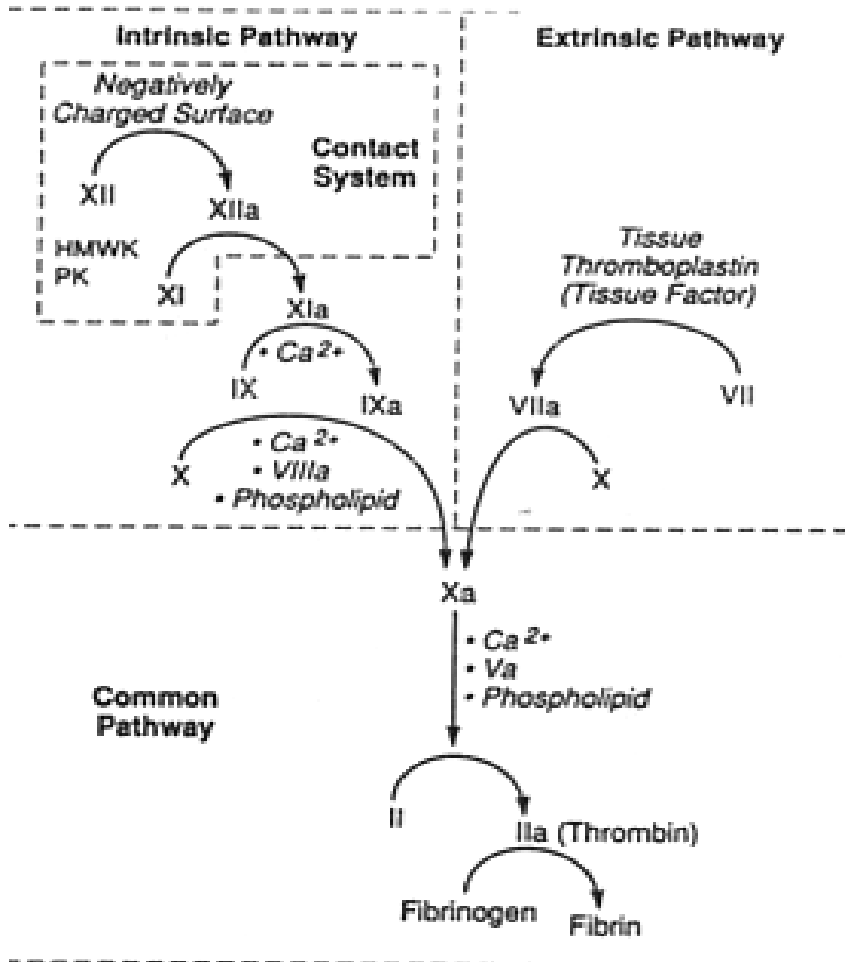
- The APTT is an assay of the intrinsic and common pathway. A platelet substitute (crude phospholipid), and a surface-activating agent such as micronized silica (to activate factor XII) are added to plasma. This achieves optimal contact activation
- Calcium is then added and the clotting time is recorded
- The APTT assay measures all factors except factors VII and XIII



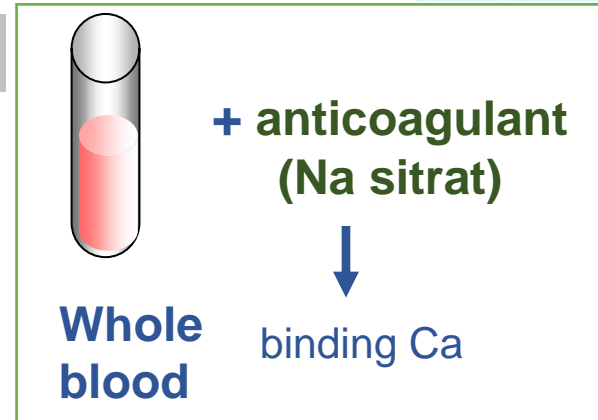
In vivo

APPT

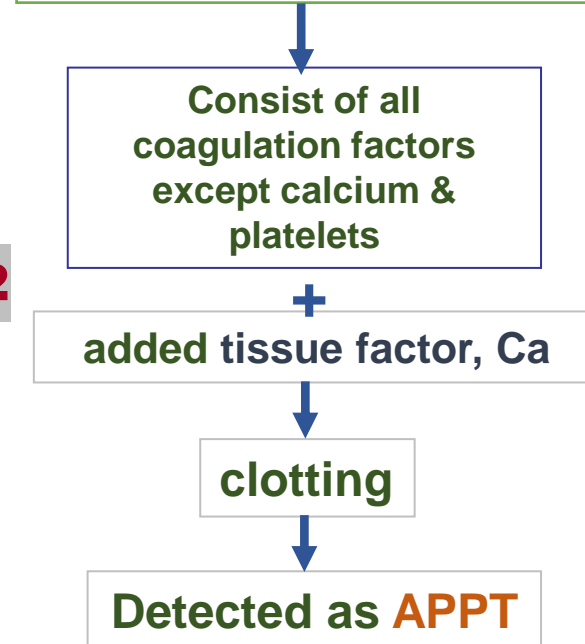
In vitro



1



2



Activated Partial Thromboplastin Time (APTT)

- **Normal range:** depending on the reagent used
 - 25-45 seconds
 - 23-35 seconds
- **The common causes of prolonged APTT are:**
 - Disseminated intravascular coagulation
 - Liver disease
 - Massive transfusion with stored blood
 - Administration of heparin or contamination with heparin
 - A circulating anticoagulant
 - Deficiency of a coagulant factor other than factor VII
 - Inhibitor to intrinsic factors (e.g. antibody to f. VIII in hemophiliac)

Thrombin Time (TT)

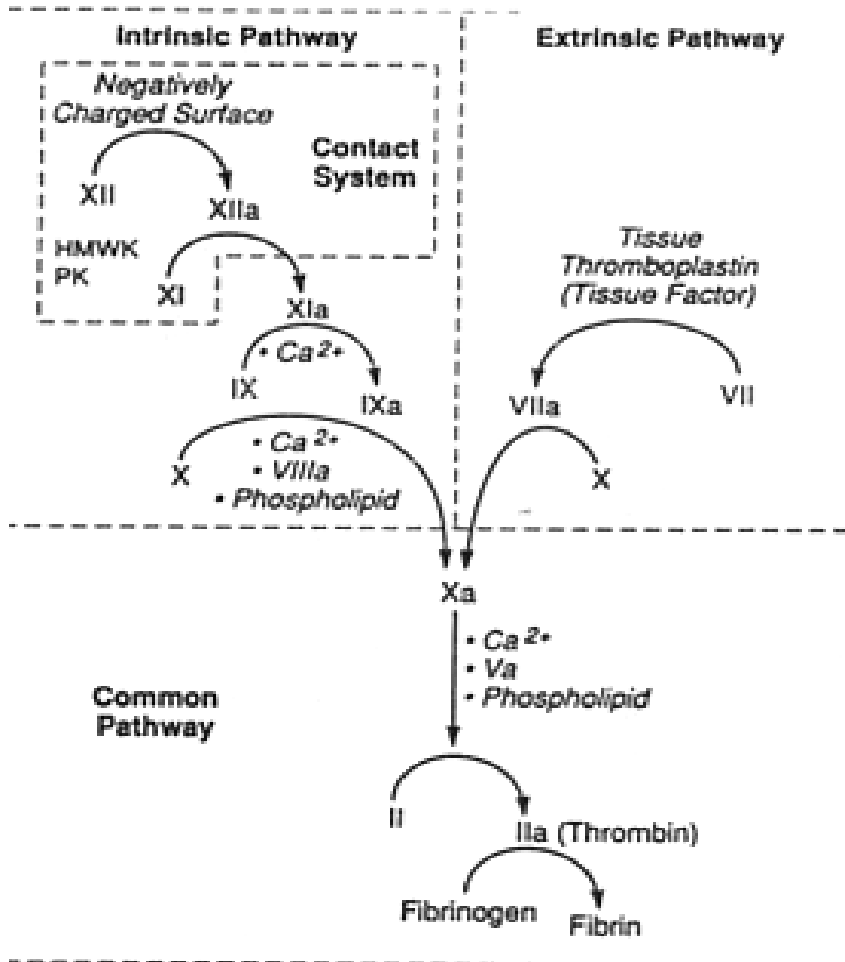
- **Purpose:**
 - The TT is used to screen for abnormality in the conversion of fibrinogen to fibrin
- **Principle:**
 - Thrombin is added to plasma and the clotting time measured
 - The TT is affected by the concentration & reaction of fibrinogen and the presence of inhibitory substances including fibrinogen/fibrin degradation products (FDP) and heparin
- **Interpretation:** normal 15-19 seconds
 - The common causes of prolonged thrombin time are:
 - Hypofibrinogenemia
 - Increased of FDP
 - Presence of heparin
 - Dysfibrinogenemia



In vivo

TT

In vitro



1



+ anticoagulant
(Na sitrat)

Whole
blood

2

+

Thrombin

clotting

Detected as TT



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Thank You 😊