Preface

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In the last 25 years, thousands of patients with thromboembolic disorders have been treated and studied and results have been periodically revised giving Recommendations as the European Consensus Statement published in 1992.

Dr. **Kakkar**, in his conference on Venous Thrombosis, affords valid reasons for thromboprophylaxis for those surgeons and physicians who do not practise it because they are incredulous about its safety, efficacy and benefits. New etiologic aspects as Protein C resistance are shown. D-Dimer appears as the most promising test and new diagnostic methods as Doppler Ultrasound B-mode, MIR and Thermography are discussed and evaluated regarding their grades of sensitivity for diagnosis of asymptomatic patients. Key questions unresolved in the European Consensus Statement because the evidence degree was insufficient, can be answered in this conference.

Recent findings on a new factor causing thrombophilia due to a mutation in factor V gene are presented by Dr. **Dahlbäck** explaining up to 40 % of the so called idiopathic thromboembolic complications. APC Resistance's inclusion in future protocols as pre-operative, thrombophilia, identification of causes of failure in thromboprophylaxis, in young patients with TIA and AMI, will provide epidemiological data up to now unavailable.

LMWHs have been widely used even before knowing the exact mechanism of their antithrombotic action. Dr. **Samama** explains efforts made on the standardization of LMWHs in IU and in new standard independent units in microg/ml (SIU). These SIU are specific activity units for anti-Xa and anti-IIa. LMWH antithrombotic activity is also due to their capacity to reduce prothrombinase production and thrombin generation; to their specific pharmacokinetic behaviour; their ability to induce TFPI release by endothelial cells and to modulate fibrinolytic system and haemorrhological parameters.

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treatment in AMI is the reason why it is considered as the elective treatment for inpatients, arrived to hospital within the first 6 hours after onset of episode. Dr. **van de Werf** discusses results of recent megatrials under his own experience showing why about one quarter of the obstructed arteries are not recanalized and what is the role of reperfusion, stenosis degree and turbulence in this failure, and what is the influence of thrombolytic undesirable effects in thrombin generation and platelet activation. This knowledge may without doubt improve efficacy of thrombolytic therapy in future.

Dr. **Badimon** brings out rational basis to use thrombin specific inhibitors, associated with thrombolytics, in the treatment of patients with coronary syndrome and in the prevention of restenosis after PTCA. This therapeutic advance is based on the presence of thrombin in atherosclerotic plaques and on its several actions on plasmatic proteins and cells. Hirudin will supply additional benefits due to its high affinity for thrombin to which is irreversibly complexed.

To reduce the clinical expression of the peripheral atherosclerosis and to improve quality of life in patients with chronic POAD is a challenge today. Exercise and pharmacologic treatment including pentoxifylline and ticlopidine and other drugs are shown by **Dr Coccheri** analysing clinical trials and his own experience.

Cancer and thrombosis relation is demonstrated by epidemiological data. Recent studies in malignancy progression explain the pathogenetic role of hypercoagulability, which is recognised by specific markers. Role of cytokines, neovascularisation, acute reactive phase, induced by neoplastic cells, are analyzed by Dr. **Donati**. Pharmacological studies using anticoagulant-fibrinolytic drugs in animal models transgenic to human PAI-1 evidence the role of fibrinolytic system to strengthen the endothelial barrier against tumor cell dissemination.

Dr **Salgado** explains sepsis as an inflammatory response of the host to infection. In this response several physiopathological mechanisms intervene and these are characterized by multiple cellular activation and production of mediators and cytokines, amongst which TNF and interleukins are of great

importance in the extrinsic pathway of coagulation and in the fibrinolytic system causing multiorgan failure.

Finally, results of a smart investigation identifying genetic molecular defects in the Glanzmann thrombasthenia and in Factor XI deficiency are presented by Dr. **Seligsohn**. These results will stimulate us to recognise the genetic origin of the factorial deficits shown in our patients and to use also new methodologies, that may be applied to recognise risk factors in cardiovascular diseases. Author provides us with anthropological data that bring us close to our ancient origin. The Mediterranean League against Thrombo-embolic Diseases and the Spanish Society of Thrombosis and Haemostasis are honoured to present in this ordinary issue of HAEMOSTASIS all Plenary Lectures of the 13th International Congress on Thrombosis held in Bilbao in June 6-10, 1994.

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