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Foreword

The development of modern medicine has contributed to clarifying the etiology and treatment of various diseases as well as to improving public health and welfare. However, there are many diseases of unknown etiology, for which there is no known treatment, which still leave large numbers of patients in a chronic incurable state. In order to promote research on the etiology and treatment of such intractable diseases, non-governmental funding, as well as governmental support, is very important. The Japan Medical Research Foundation has been in existence since October 1973 in order to meet this need with aid from non-governmental financial sources.
Disseminated Intravascular Coagulation (DIC) is a rather recently recognized pathological state, and its pathogenesis, symptomatology, and treatment
are so variable and complicated that basic comprehension and uniform clinical strategy are not necessarily attainable. It was against this background that the Symposium was planned with the participation of a number of specialists from all over the world. Seven sessions constitute this symposium: their topics are Pathogenesis, Pathology, Platelets, Pathophysiology, Diagnosis, and Therapy. This symposium was held under the auspices of the Japan Medical Research Foundation, and I am hopeful that the publication of its proceedings will make its work available to a wide scientific readership.

February 20, 1983

Masayoshi Yamamoto

President
Japan Medical Research Foundation

Preface

This is the Proceedings of the International Symposium on Disseminated Intravascular Coagulation (DIC) which was held November 26-28, 1981, at Keidanren Kaikan, Tokyo, Japan.

DIC is a rather recently recognized pathological state, and its pathogenesis, symptomatology, and treatment are so variable and complicated that basic comprehension and uniform clinical strategy are not necessarily attainable. It was with this background that the Symposium was planned with having the participation of a number of specialists from all over the world, and the meeting has been counted a success by those concerned.

The warm understanding and support of Mr. M. Yamamoto, President of the Japan Medical Research Foundation, and his staff in sponsoring the Symposium are deeply appreciated, and I would also like to express my sincere gratitude to all the members of the Organizing and Executive Committee: Drs. Nobuo Aoki, Mutsuyoshi Kazama, Goro Kosaki, Masafumi Komiya, Tetsuro Shimamine, Tadashi Maekawa, Tamotsu Matsuda, Kaneo Yamada, and Manabu Yamanaka.

January 25, 1983

Takeshi Abe, M. D.

Chairman of the Symposium

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Diagnosis of Disseminated Intravascular Coagulation
In opening this international symposium on “Disseminated Intravascular Coagulation,” I am very pleased and honoured to welcome all the participants and observers from various parts of the world as well as from all over Japan. It was rather recently that the name of DIC was introduced into practical medicine and began to draw the attention of investigators in the fields of basic science and clinical research, although this pathological state has been observed and treated with much enthusiasm and effort for a long time and often even with great difficulties. In the past twenty years, however, so many findings have been accumulated and so many theories proposed for the pathogenesis, pathophysiology and pathology of DIC that great progress has been made in
establishing diagnosis criteria, prognosis judgement and therapeutic patterns. This subject has been a major topic in the field of coagulation and fibrinolysis for some time, and many symposia and workshops have been held on DIC every year, throughout the world. In Japan DIC has been adopted as the main subject at official meetings of many scientific societies concerned with hematology, hemorrhheology, angiology, and blood transfusion as well as thrombosis and hemostasis very often in the past several years, and some research units have been formed with government and private support. However, we have not arrived at an established criterion of diagnosis and pattern of therapy which could be applied to individual cases at different stages. Originally, DIC is a secondary pathologic state caused by broadly variable diseases such as infections, malignant tumors, serious burns and other kinds of grave wounds, or fulminating antigen-antibody reactions, and has characteristic pathogenic and clinical signs which have been generally understood to be invited by the activation of coagulation and fibrinolytic factors as well as by platelets in blood and the formation of thrombi in microcirculation throughout the body, leading to severe circulatory insufficiency, consciousness and nerve disturbance, respiratory distress, renal dysfunction and hemorrhages in the whole body. Patients with these causal diseases do not necessarily develop this pathologic state, however; in only some of them do these phenomena present overt symptoms and signs. The hematological changes also do not coincide with the progress of the causal diseases or pathological phenomena, even among individual items. These factors cause us difficulty in establishing a definite pathological configuration and diagnostic as well as therapeutic standard patterns for DIC.

Needless to say, it is necessary to realize the pathologic state of these patients in order to make a diagnosis, but this evaluation of a pathological state is a sort of “freeze-frame” in a continuously changing vital phenomenon (including hematological change). Therefore all these factors concerning the development of DIC in the living body have to be taken into account in the practical treatment of patients with DIC. These problems are now being discussed on many occasions from different points of view, and the Japan Medical Research Foundation generously accepted our request to have an international symposium on DIC inviting the appropriate authorities and active investigators from many countries of
the world.
I am obliged to thank you for your attendance at this symposium, and personally expect that this will bear much fruit in increasing our understanding of this pathological state. I am also profoundly convinced that this will create and establish our mutual personal relationship.

November 26, 1981

Takeshi Abe, M.D.

Chairman of the Symposium