Disseminated Intravascular Coagulation

Bibliotheca Haematologica

No. 49

Series Editor
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Disseminated Intravascular Coagulation

Volume Editors
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152 figures and 68 tables, 1983

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Bibliotheca Haematologica

National Library of Medicine, Cataloging in Publication

(Bibliotheca haematologica ; no. 49)
1. Disseminated Intravascular Coagulation-congresses I. Abe, Takeshi ; II. Yamanaka, Manabu III. Series
ISBN 3-8055-3726-3
W1 BI412 no. 49
WH 322 D613 1981

Drug Dosage
The authors and publishers have exerted every effort to ensure that drug selection and dosage set
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

Contents
I. PATHOGENESIS OF DISSEMINATED INTRAVASCULAR COAGULATION

Pathogenesis of Disseminated Intravascular Coagulation
G. Müller-Berghaus and H. Hasegawa 3
Statistics on Underlying and Causative Diseases of DIC in Japan: A Cooperative Study
M. Matsuda and N. Aoki 15
The Role of Tissue Thromboplastin in the Development of DIC Accompanying Neoplastic Diseases
Intravascular Coagulation as a Clinical Manifestation of the Shwartzman Reaction
W. Mori 41
Disseminated Intravascular Coagulation Associated with Severe Infection in Surgical Patients: A Retrospective and Prospective Study
J. Kambayashi, G. Kosaki, and Y. Shimada 49
General Discussion 59

II. PATHOLOGY OF DISSEMINATED INTRAVASCULAR COAGULATION

Clinical Significance of Intravascular Coagulation
D. G. McKay 63
Incidence and Clinicopathological Significance of DIC in Autopsy Cases
K. Tanaka and T. Imamura 79
A Histological Study on Microthrombi in Autopsy Cases of DIC
M. Kojima, K. Shimamura, N. Mori, K. Oka, and M. Nakazawa 95
Correlation between Pulmonary Injuries and DIC: An Experimental Analysis
M. Kazama, K. Nakamura, M. Morioka, T. Abe, and K. Kobayashi 107
General Discussion 123

x CONTENTS

III. PLATELETS IN DISSEMINATED INTRAVASCULAR COAGULATION
Complex Formation of Platelet Membrane Glycoproteins IIb and IIla: A Model of Platelet Activation
R. L. Nachman, M. Polley, and L.L.K. Leung

Clinical Application of Platelet Shape Determination for Diagnosis of DIC

General Discussion 148

IV. PATHOPHYSIOLOGY OF DISSEMINATED INTRAVASCULAR COAGULATION. I

Fibrinogen Proteolysis by Thrombin, Plasmin and Platelet Release in Relation to Disseminated Intravascular Coagulation
H. L. Nossel

Relationship between Fibrinopeptide A (FPA) Level and Fibrinogen Kinetics in Patients with Malignant Disease
Y. Yoda, H. Nakamura, and T. Abe

Estimation of Coagulation-Fibrinolytic Factors in DIC
H. Hasegawa

Disseminated Intravascular Coagulation in Korean Hemorrhagic Fever
M. Lee, J. S. Lee, and B. K. Kim

Features of DIC in Dengue Hemorrhagic Fever
Y. Funahara, Sumarmo, and R. Wirawan

Epidemic Hemorrhagic Fever in Japan
T. Tamura

V. PATHOPHYSIOLOGY OF DISSEMINATED INTRAVASCULAR COAGULATION. II

The Clinical Pathology of Intravascular Coagulation
E. J. W. Bowie and C. A. Owen

Disseminated Intravascular Coagulation in Geriatric Patients
T. Matsuda, M. Yokouchi, and M. Murakami

The Kinin-Forming Enzyme System in Pregnancy and Obstetrical DIC
M. Maki, K. Soga, and K. Gotoh

General Discussion of IV and V 247

CONTENTS xi

VI. DIAGNOSIS OF DISSEMINATED INTRAVASCULAR COAGULATION

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 fulminant 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