

que permite por lo menos sospechar que el anticoagulante existía con anterioridad.

Así pues, la falta del antecedente transfusional como denominador común, la circunstancia de tratarse de enfermos aparentemente no carentes de ningún factor de la coagulación, y el hecho de contar con otra hipótesis etiológica, aplicable por igual a los casos transfundidos y no transfundidos, hace que en este segundo grupo la transfusión deba descartarse, de modo general, como factor etiológico en la aparición de anticoagulantes circulantes.

Summary

Among the observations – which are so far relatively scarce – concerning the existence of a circulating anticoagulant substance, there is a group which is represented by haemophiliacs and has the general characteristics of having been repeatedly transfused. Including the authors' personal observation of haemophilia B, there are in the literature about fifty cases of this kind. The causal relationship appears to be evident in this group and is sometimes coincident with the development of other antibodies of the iso-immunological type (in our observations anti-D and anti-C). On the other hand, there is no definite evidence in other groups of patients with anticoagulants in which the transfusion antecedents are not constant (immunocoagulopathies in pregnancy and various diseases). The iso-immunocoagulopathies are relatively more frequent in haemophiliacs B than in haemophiliacs A.

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Transfusion of Platelet Concentrates to Thrombocytopenic Patients

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Abstract

Fresh, frozen or lyophilized platelet concentrates (from 4000 pints of human blood) were administered to 278 thrombocytopenic patients. Hemostasis occurred in 60 per cent. In 85 per cent vascular fragility was reduced. Thromboembolic phenomena were not encountered. Hypersensitization due to platelets from incompatible blood was not observed. In 30 patients whose bone marrow improved eventually, the platelet level returned to normal. Large amounts of platelets were usually required to induce hemostasis. The effects of fresh platelets last longer than those of preserved platelets which do not circulate. While the use of fresh platelets is preferable because of the smaller doses required and the longer lasting effects, the preserved material permits salvage of platelets and thus makes possible the use of larger quantities when fresh material is not available.