4

Heparin-Induced Thrombocytopenia





What it covers



Why it matters



Who it affects



What are the highlights

- A rare and serious adverse drug reaction that increases a patient's risk of developing venous or arterial thromboembolism, which may be limb- or life-threatening
- Suspected heparin-induced thrombocytopenia (HIT) cases in hospitalized patients is the most frequently requested hematologist consult by other physicians.
- HIT can lead to amputation or death for every day treatment is delayed, there is a ~6% risk of new thrombosis, amputation, and death.
- · HIT is frequently misdiagnosed and over diagnosed.
- 12 million U.S. patients receive heparin each year, up to 1% of whom will develop HIT.
- · Surgical patients most commonly, especially those undergoing cardiac surgery
- · Hospitalists, surgeons, and cardiologists
- Using a clinical scoring system, the 4Ts score, rather than a gestalt approach will improve the accuracy of diagnosis and patient outcomes.
- Treatment options include not only conventional agents such as argatroban, bivalirudin, and danaparoid, but also newer agents such as fondaparinux and the direct oral anticoagulants.

Total number of panel recommendations: 32

REFERENCE

Cuker, A., Arepally, G. M., Chong, B. H., Cines, D. B., Greinacher, A., Gruel, Y., Linkins, L. A., Rodner, S. B., Selleng, S., Warkentin, T. E., Wex, A., Mustafa, R. A., Morgan, R. L., & Santesso, N. (2018). <u>American Society of Hematology 2018 guidelines for management of venous thromboembolism: heparin-induced thrombocytopenia.</u> Blood Advances. 2:3360-3392.

