Heparin-Induced Thrombocytopenia

What it covers
- 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

Why it matters
- 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.

Who it affects
- Surgical patients most commonly, especially those undergoing cardiac surgery
- Hospitalists, surgeons, and cardiologists

What are the highlights
- 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

For more information on the 2018 ASH Clinical Practice Guidelines on Venous Thromboembolism, visit www.hematology.org/VTE.

The American Society of Hematology (ASH) (www.hematology.org) is the world’s largest professional society of hematologists dedicated to furthering the understanding, diagnosis, treatment, and prevention of disorders affecting the blood. For more than 50 years, the Society has led the development of hematology as a discipline by promoting research, patient care, education, training, and advocacy in hematology.