

S56-3 Clinical practice of heparin-induced thrombocytopenia (HIT)

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HIT is known as an important adverse reaction and iatrogenic disease in heparin treatment. Heparin therapy should be started with keeping in mind the development of HIT during 5-10 days after the heparin. Typical signs of HIT are a fall in platelet count of >50% and/or new thrombosis during heparin treatment. HIT is caused by heparin-dependent antibodies that recognize a complex of heparin and platelet factor 4. Regular platelet count monitoring is recommended for early diagnosis of HIT.

For a serological confirmation of HIT, ELISA detecting HIT antibodies is routinely available. Heparin withdrawal and argatroban that directly inhibits thrombin are an essential role for treatment of HIT.

To avoid thrombotic complications following platelet reduction, argatroban should be initiated prior to laboratory confirmation. As any patient who is treated with heparin is at risk for HIT, it is crucial for understanding that prompt HIT-diagnosis, discontinuation of heparin and argatroban infusion are effective in preventing of rapidly developing thrombotic complications.