

Tópicos especiales en la enfermedad tromboembólica venosa
Trombocitopenia inducida por heparina y trombosis

Special issues in venous thromboembolic disease - Heparin-induced thrombocytopenia and thrombosis

HIT: Optimización institucional en su diagnóstico. El rol de los DOACs en el tratamiento

HIT: Institutional optimization of diagnosis.
Do DOACs have a role in the treatment?

García DA

University of Washington Seattle, USA

davidg99@uw.edu



III CURSO
EDUCACIONAL
DE LA ISTH.
EDUCACIONAL III

HEMATOLOGÍA
Volumen 20 • Número Extraordinario
XII Congreso del Grupo CAHT: 267
Septiembre 2016

Palabras clave: Trombocitopenia inducida por heparina.

Keywords: Heparin-induced thrombocytopenia

Heparin-induced thrombocytopenia is an immune-mediated disorder in which platelets are activated and there is a high risk of both arterial and venous thrombosis. Because HIT is suspected much more often than it occurs, and because the screening assay for HIT is highly sensitive but poorly specific, the potential for inappropriate testing, over-diagnosis and unnecessary treatment is high. We have demonstrated in our institution that a multi-pronged intervention can reduce inappropriate laboratory testing, reduce the risks associated with unnecessary anticoagulant exposure, and significantly lower medication costs⁽¹⁾. Using a computerized physician order entry system, we introduced a requirement that any provider ordering lab testing for possible HIT calculate a 4Ts score, a clinical prediction tool that estimates of the pre-test likelihood of disease. In cases where the 4Ts score was low, the physician was discouraged from ordering laboratory testing and a search for other causes of thrombocytopenia was recommended. For patients who required tes-

ting for HIT antibodies, we introduced a reflexive testing policy whereby a serotonin release assay was performed only in cases where the initial anti-heparin-PF4 ELISA was positive. These measures, along with the development of a clinical algorithm and ongoing education of physicians and pharmacists, allowed us to significantly decrease both laboratory testing as well as the use of bivalirudin, an expensive anticoagulant used at our hospital in patients with suspected or confirmed HIT.

Declaración de conflictos de interés:

El autor declara haber recibido honorarios de consultoría y/o investigación de: Daiichi Sankyo, Boehringer Ingelheim, Janssen, Pfizer y Bristol Meyers Squibb.

Bibliografía

1. Samuelson BT, Glynn E, Holmes M, White AA, Martin DB, Garcia D. Use of a computer-based provider order entry (CPOE) intervention to optimize laboratory testing in patients with suspected heparin-induced thrombocytopenia. *Thromb Res.* 2015;136(5):928-931.