

Subject :

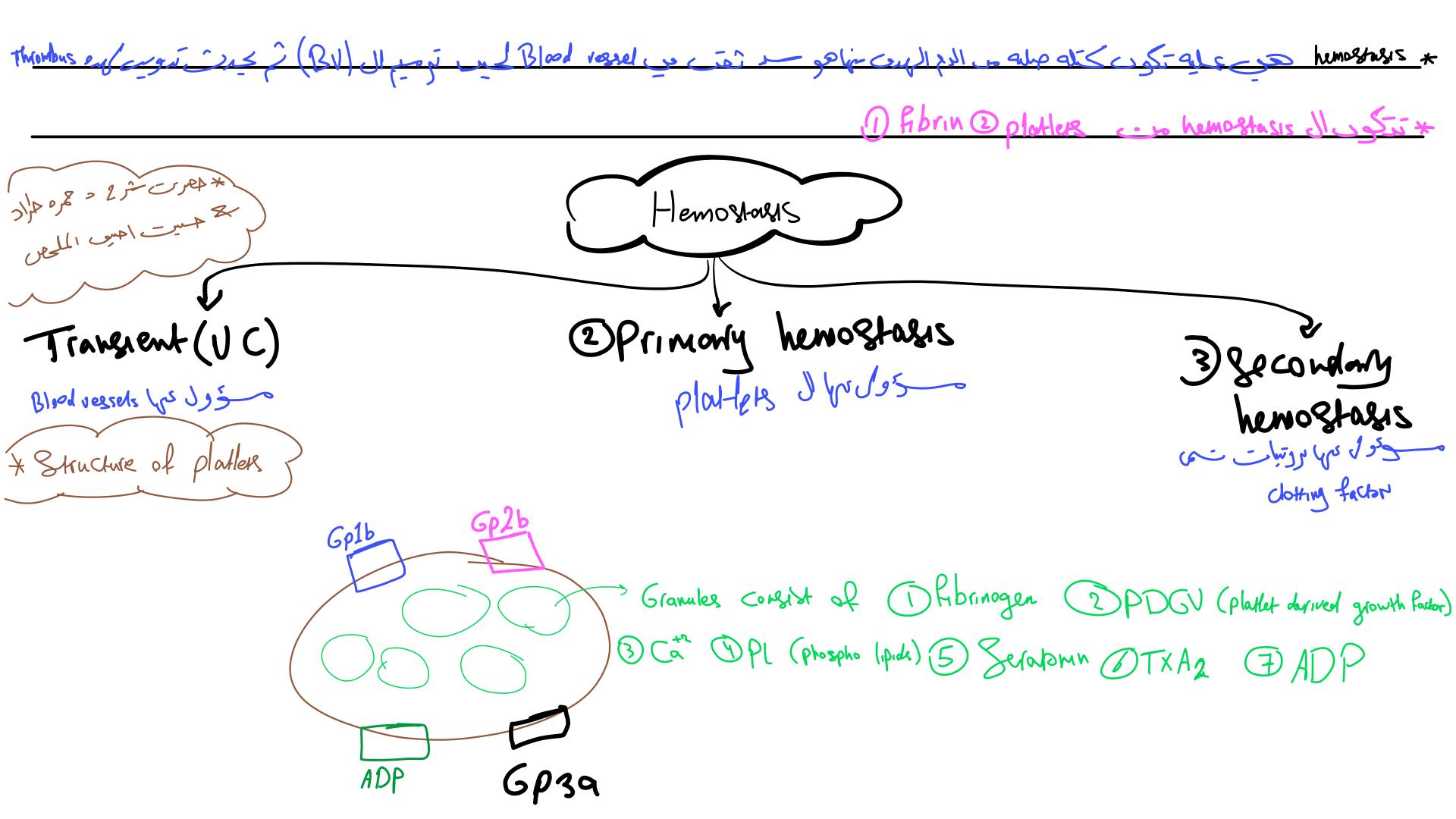
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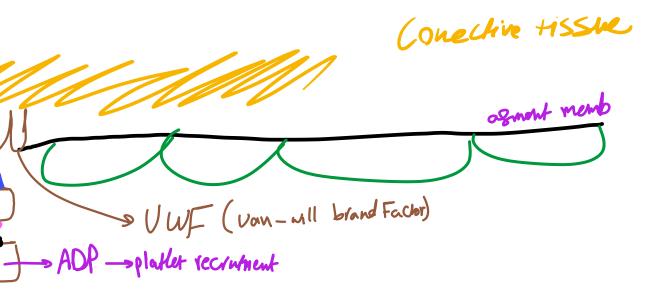
Dr. Ghada AL-Jussani MBCHB, PhD, FRCPath (UK) 2023 Audio 3

Dome By 8 Hala AL Beshtawe



### Hemodynamics lecture 3 +4







lothelial cells

Platlet activation (degranulation) J ADP -> plattet Seratowin-ovc fibrinogen Cd<sup>2</sup>/PL recrutment

دور في secondory hemostasis

حدمها تقویه ال (plattet plug) و مؤول مها بونیات می clotting factor یتم امتامه، له یطلق علیم اسم (zymogens) له عددهم (۱۱) له بهایه دیمه عماری اسم (siphilets یتم تکویب (۱۵)) که محمد معاده الم Stabilizer factor (fibrin (101)) که محمد معاده الم

KFBal. Fissue placking) Factor 12 F. brin Fibrin . chill re Dlasn Plasminge (ECs fie) F3a. Ctissue - (ECs fie) F3a. Ctissue pathway (Basened mentione Hagman Lacto-> F11. F11. arri Faa Fq. Dathury 80 F8 Gum Prothroubinne complex 100 FB. art (throwbin) (Pro throwts: ~.) F.2. FZa F13 -> (F13 (Pibrinogen.) CE:brind. Stability

Hemostasis and Thrombosis مرد المرد الم

- Hemostasis: physiologic process, maintains blood in fluid condition and clot-free state in normal vessels, and inducing a rapid and localized hemostatic plug at sites of vascular injury.
- It control bleeding at the site of injury, blood loss stop by formation of blood clot that seals the blood vesseles
- Thrombosis: pathologic process, formation of intravascular solid mass (thrombus) from the elements of circulating blood. The vessel may be uninjured or with minor injury.

### HEMOSTASIS

- Hemostasis depends on the integrity of
  - Blood vessels transport (V<)
  - Platelets Primery hemestasis

- Coagulation factors Secondary hemestass min porto col Becondary hemostasts watco

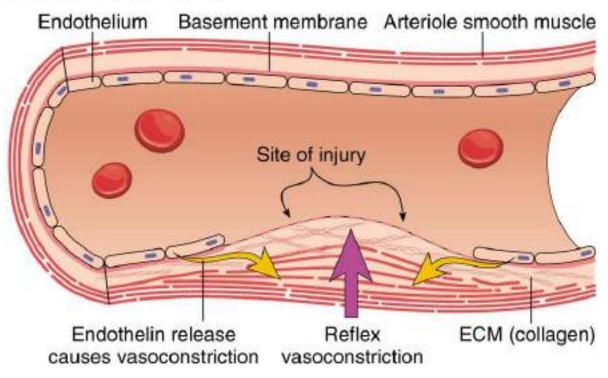


#### STEPS IN HEMOSTASIS

### (1) Transient arteriolar vasoconstriction <u>due to reflex</u> neurogenic mechanism and secretion of <u>endothelin</u>.

from injured EC3 el (Smoth muscle Contrachon) Jes Cs isle 2+1

A. VASOCONSTRICTION

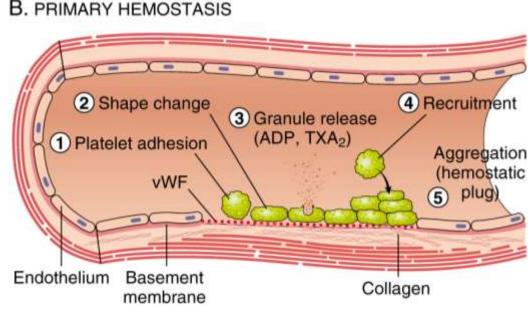


#### STEPS IN HEMOSTASIS

# (2)Formation of primary platelet plug due to adhesion of platelets to collagen and traces of thrombin.

Adhesion of platelets to the subendothelial ECM via <u>(vWF: von Willebrand</u> factor) then activation of platelets and release of its contents like (TXA2: <u>thromboxane A<sub>2</sub>) and ADP</u> leading to platelets aggregation and formation of hemostatic plug \_ weak (primary hemostasis)

Vimary hemostasis

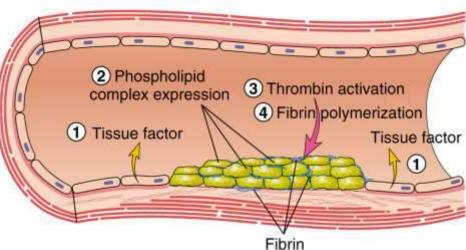


#### STEPS IN HEMOSTASIS

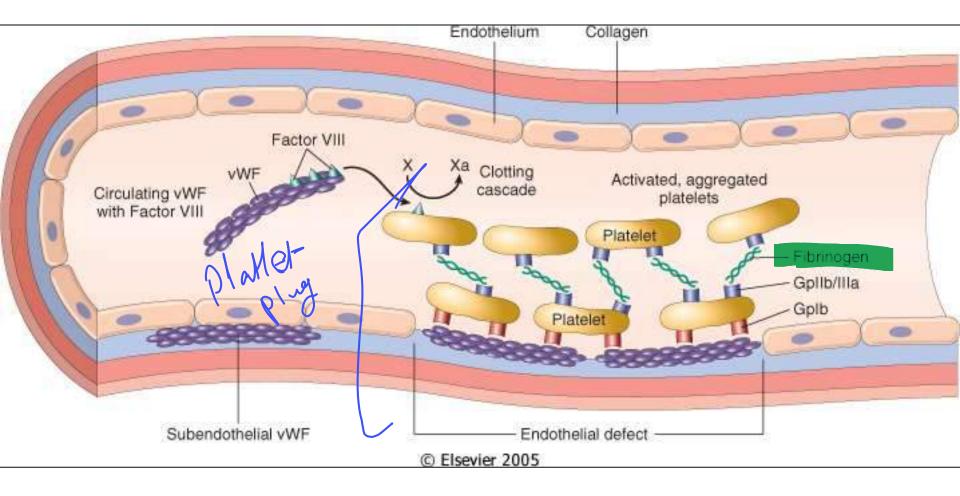
(3) Conversion into permanent plug <u>supported</u> by fibrin clot, which is formed by activation of the <u>coagulation cascade</u>.

 At sites of injury: release of <u>Tissue factor</u> and activation of <u>extrinsic</u> coagulation cascade leading to formation of thrombin which converts fibrinogen into insoluble <u>fibrin</u> which binds to the platelet aggregate and stabilize it and this is called <u>secondary haemostasis.</u>

Secondary hemostalis



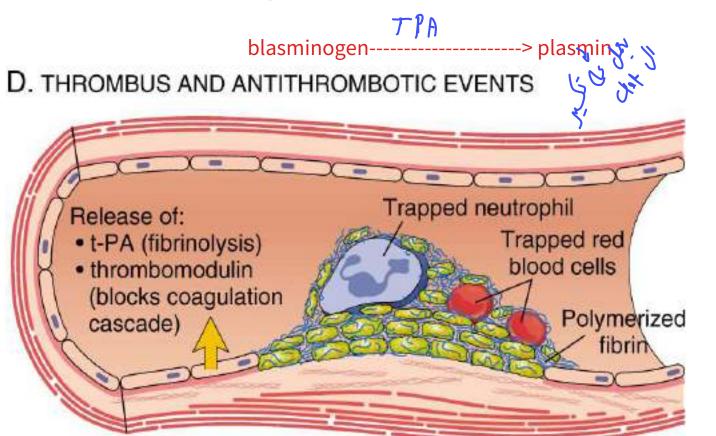


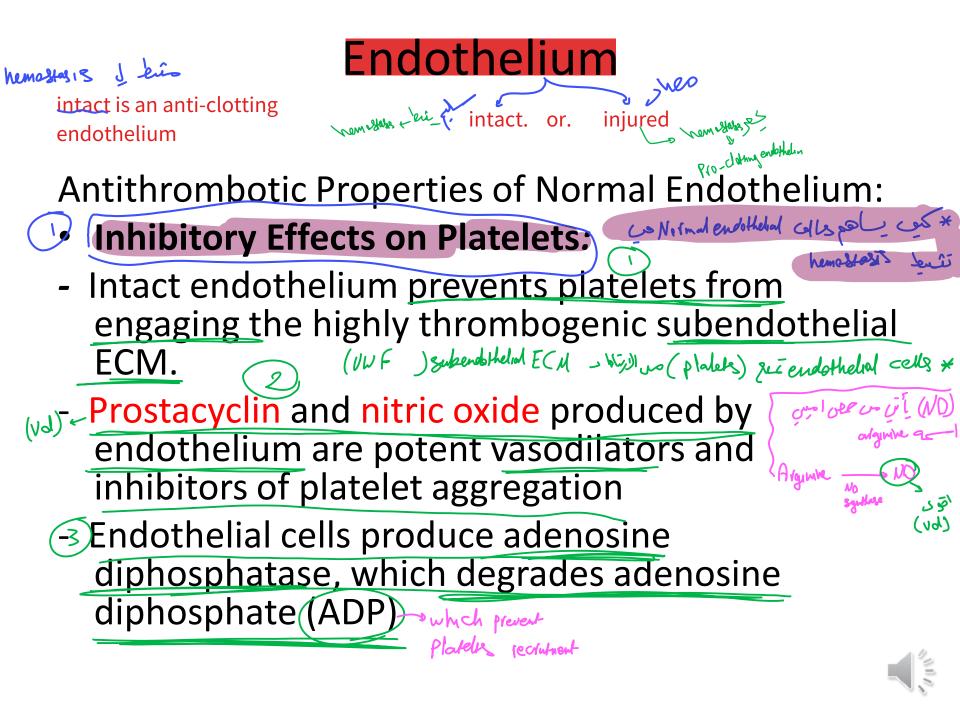


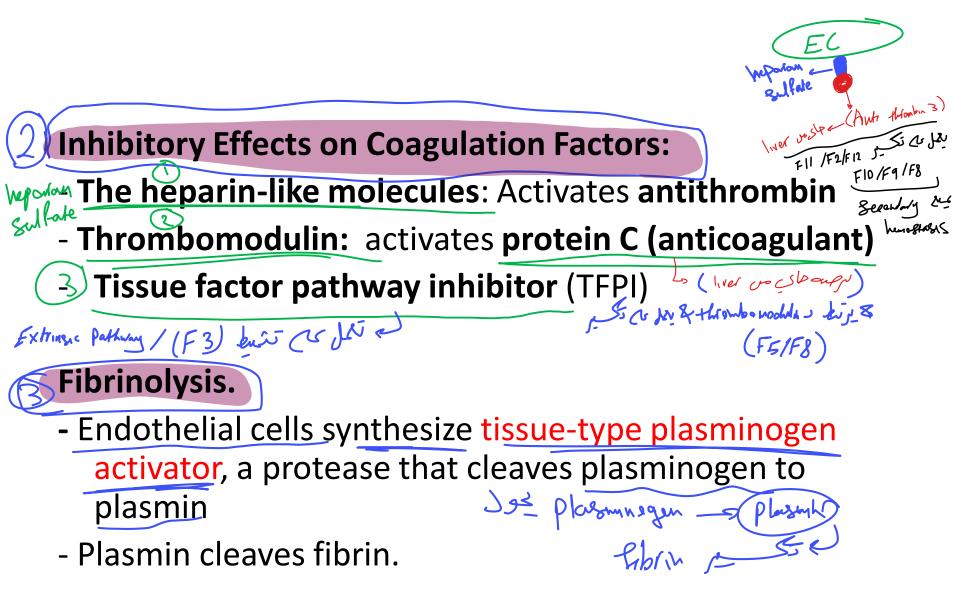


### Antithrombotic Functions Fibrinolytic Effects

- (4) Lysis of fibrin and confinement of clot to the site of injury.
- Fibrinolytic Effect: synthesize tissue-type plasmimogen activator (t-PA) that clears fibrin deposits from endothelial surfaces.







### Prothrombotic Properties of Injured or

Activated Endothelium - aleci

#### Activation of Platelets.

- Endothelial injury brings platelets into contact with the von Willebrand factor (vWF), a large multimeric protein that is synthesized by EC.
- vWF binds tightly to Gp1b, a glycoprotein found on the surface of platelets.
- Activation of Clotting Factors.
- Endothelial cells produce tissue factor
- Antifibrinolytic Effects. Extransic Pathury per F3 ~
- Activated endothelial cells secrete plasminogen activator inhibitors (PAIs)

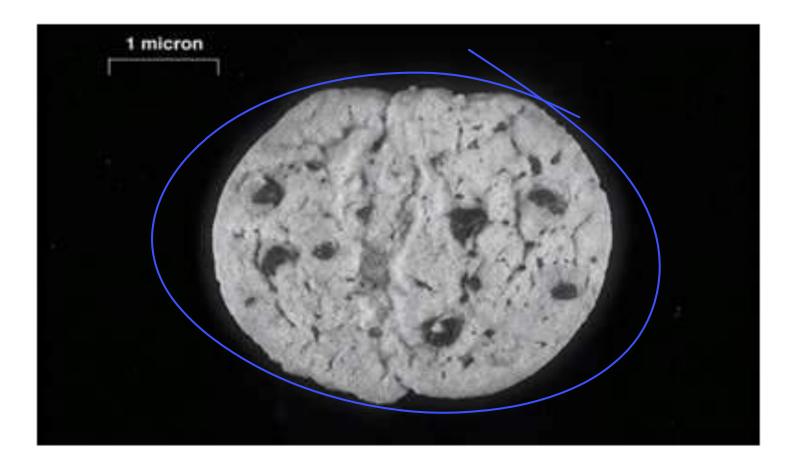


### Platelets

#### lack of nucleus

- anucleate cell fragments shed into the bloodstream by marrow megakaryocytes.
- Two types of cytoplasmic granules:
- 🙆 α granules
- Dense bodies (δ granules): contain adenine nucleotides (ADP and ATP), ionized calcium, histamine, serotonin, and epinephrine

ZTXAR + Plallet derived Eacher Here is an actual electron micrograph of a platelet. Note that this platelet bears a striking resemblance to a chocolate chip cookie. The chocolate chips are the alpha and dense granules that contain a variety of mediators such as ADP.





### After vascular injury:

1- Platelet Adhesion

Primerry hemastasis -

- Depends on **vWF** and platelet glycoprotein **Gp1b**. Bernakd-Sanka Sydiom
- 2- Platelet Activation -degravelation
- Irreversible shape change and secretion of both granule types.
- Calcium and ADP released splatlets recomment

**Calcium is required by several coagulation** factors

- Activated platelets also synthesize TxA2

plattet + (VC) \_ Conce ogregation

### After vascular injury:

- 3- Platelet Aggregation per platters Jiel
- Stimulated by TxA2.
- Promoted by bridging interactions between
  **fibrinogen and Gpllb/Illa** receptors on
  adjacent platelets .
- Rare inherited deficiency of GpIIb/IIIa (Glanzmann thrombasthenia)

Plattet agriegation \_\_\_\_\_ tion



secondary homesteases occurs under the control of clotting factors

### coagulation cascade

- Coagulation components typically are assembled on a phospholipid surface (provided by endothelial cells or platelets) \_\_\_\_\_ Phospholipid surface
- Coagulation components are held together by interactions that depend on calcium ions
- The ability of coagulation factors II, VII, IX, and X to bind to calcium requires that additional γcarboxyl groups be enzymatically appended to certain glutamic acid residues on these proteins.
- This reaction requires vitamin K as a cofactor

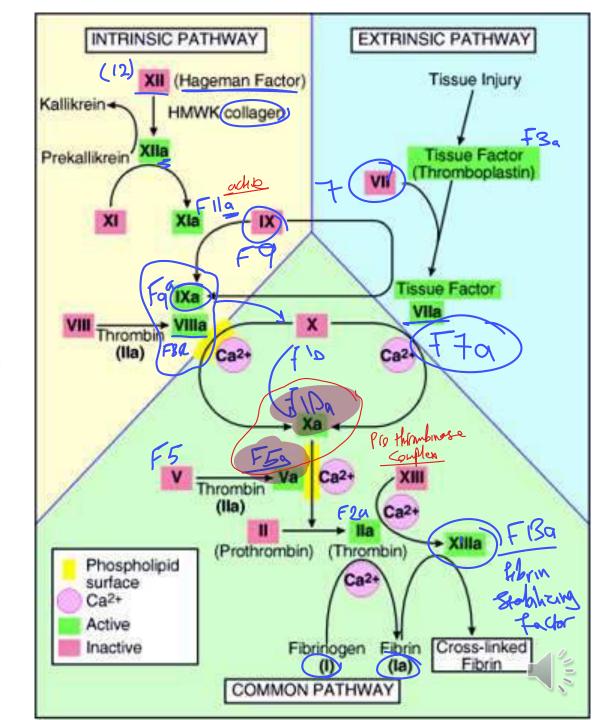
(Howaplastin Alssue F3) 51 mg

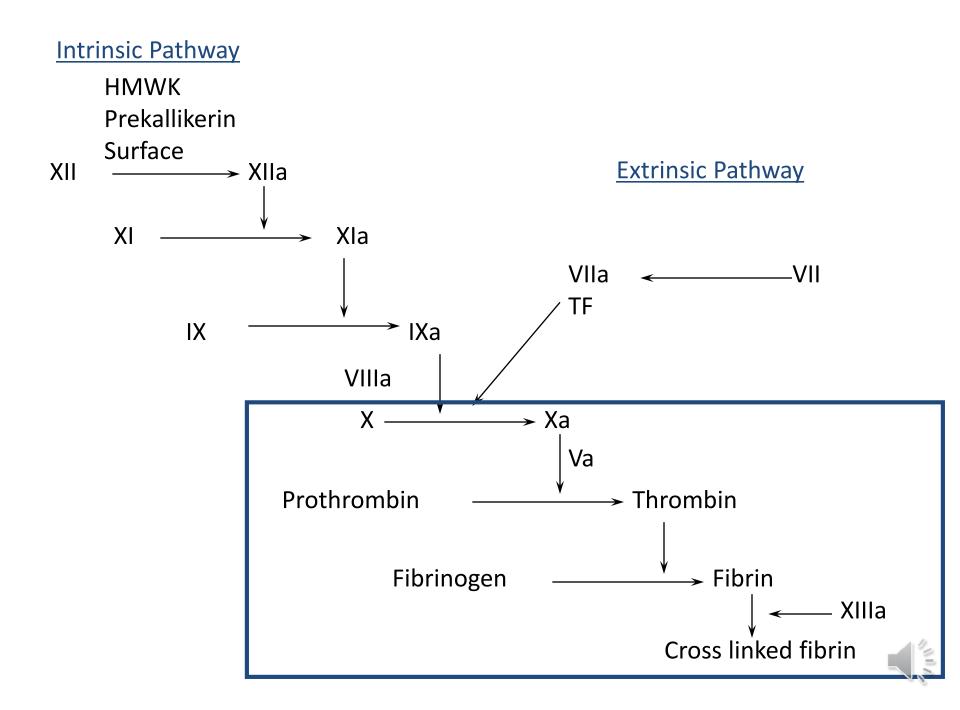
- Blood coagulation divided into extrinsic and • Blood coagulation divided into extrinsic and • intrinsic pathways, converging at the activation of factor X Factor draw of the protocology of the proto
  - Several interconnections between the two pathways exist.
  - The extrinsic pathway is the most physiologically relevant pathway for coagulation occurring after vascular damage; it is activated by tissue factor.



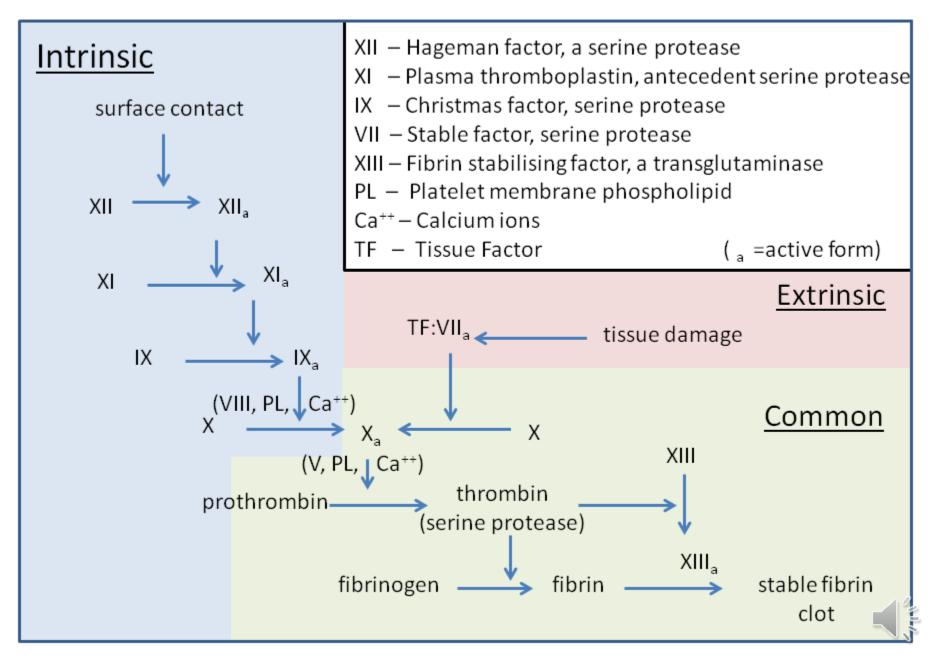
## The coagulation cascade

- Factors in red boxes represent inactive molecules.
- Activated factors are indicated with a lower case "a" and a green box.
- HMWK (high molecular weight kininogen).



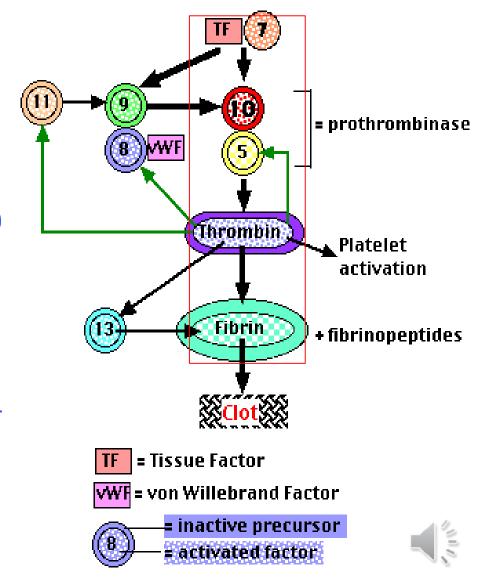


#### The three pathways that makeup the classical blood coagulation pathway

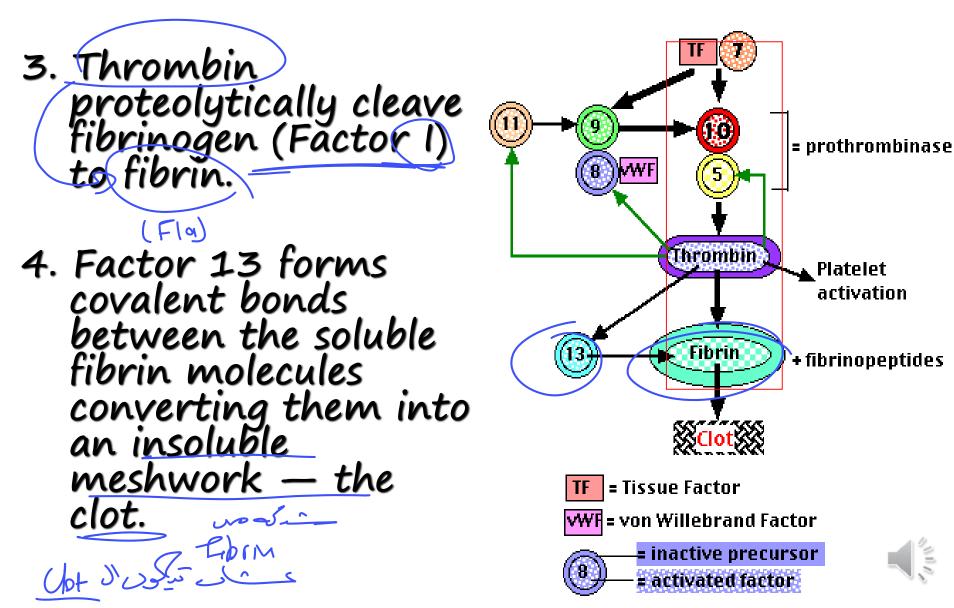


# Coagulation cascade

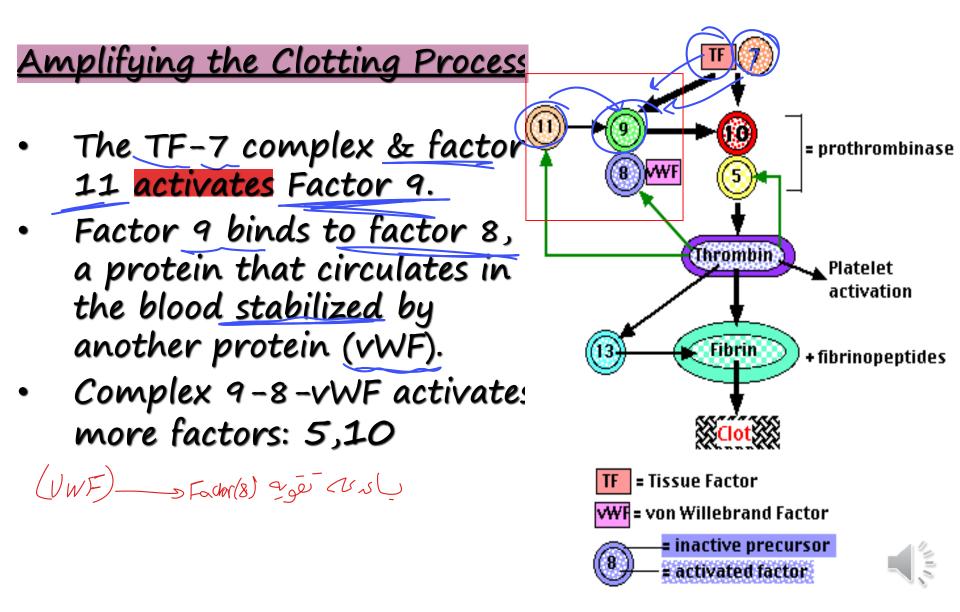
- Damaged cells (extrinsic pathway) display a surface protein (tissue
   (F3) factor: TF) that binds to activated Factor 7 (TF-7) to cleave: Factor 10
  - 2. Factor 10 binds and activates Factor 5 (prothrombinase) converting prothrombin (also known as Factor II) to thrombin



### Coagulation cascade



### Coagulation cascade



### Coagulation factors and related substances The most in factor in consubility amplification (Thember)

	Number and/or name	Function another of the most power for the most power for the second sec
	I (fibrinogen)	Forms clot (fibrin)
	II (prothrombin)	Its active form (IIa) activates I, V, VIII, XI, XIII, protein C, platelets
	III (Tissue factor or thromboplastin	Co-factor of VIIa
	IV (Calcium) والماله الم	Required for coagulation factors to bind to phospholipid (1972)
5	V (proaccelerin, labile factor)	Co-factor of X with which it forms the prothrombinase complex FDa /F5
	VI	Unassigned – old name of Factor Va
	VII (stable factor) <b>F</b> 7	Activates $IX$ , $X + 75$
8	VIII (antihemophilic factor)	Co-factor of IX with which it forms the tenase complex $F_{P+}F_{Q} \rightarrow complex$
q	IX (Christmas factor)	Activates X: forms tenase complex with factor VIII
	X (Stuart-Prower factor)	Activates II: forms prothrombinase complex with factor V
	XI (plasma thromboplastin antecedent)	Activates IX
	XII (Hageman factor)	Activates factor XI and prekallikrein
	XIII (fibrin-stabilizing factor)	Crosslinks fibrin
	von Willebrand factor	Binds to VIII, mediates platelet adhesion

# Coagulation factors and related substances

prekallikrein	Activates XII and prekallikrein; cleaves HMWK
high molecular weight kininogen (HMWK)	Supports reciprocal activation of XII, XI, and prekallikrein
fibronectin	Mediates cell adhesion
antithrombin III	Inhibits IIa, Xa, and other proteases;
heparin cofactor II	Inhibits IIa, cofactor for heparin and dermatan sulfate ("minor antithrombin")
protein C	Inactivates Va and VIIIa
protein S wer S	Cofactor for activated protein C (APC, inactive when bound to C4b- binding protein)
protein Z	Mediates thrombin adhesion to phospholipids and stimulates degradation of factor X by ZPI
Protein Z-related protease inhibitor (ZPI)	Degrades factors X (in presence of protein Z) and XI (independently)
plasminogen	Converts to plasmin, lyses fibrin and other proteins
alpha 2-antiplasmin	Inhibits plasmin
tissue plasminogen activator (tPA)	Activates plasminogen plasminogen show of the
urokinase	Activates plasminogen - thomas your
plasminogen activator inhibitor-1 (PAI1)	Inactivates tPA & urokinase (endothelial PAI)
plasminogen activator inhibitor-2	Inactivates tPA & urokinase (placental PAI)

### Clinical labs assessment

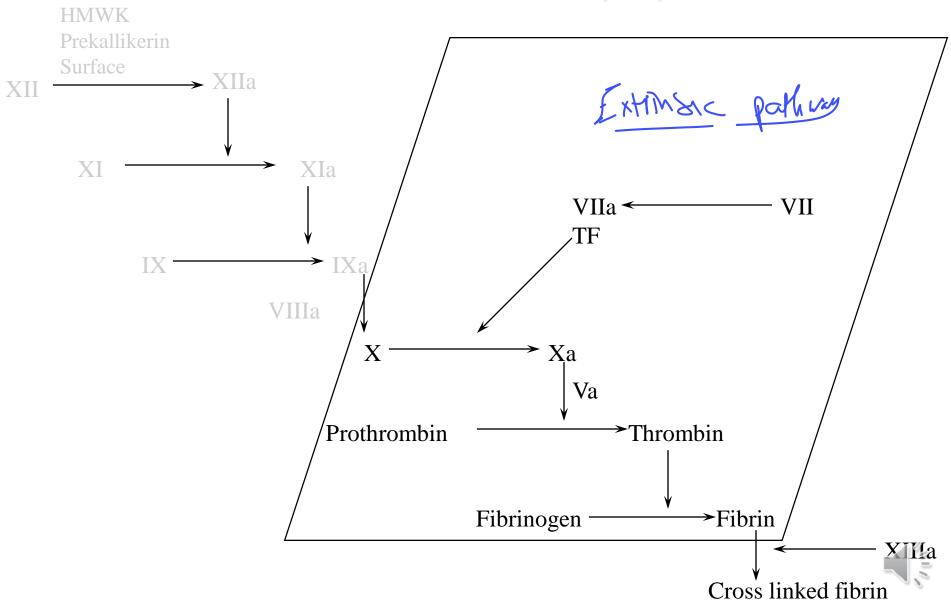
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- Screens for the activity of the proteins in the extrinsic pathway (factors VII, X, II, V, and fibrinogen).
- The PT is performed by adding phospholipids and tissue factor to a patient's citrated plasma (sodium citrate chelates calcium and prevents spontaneous clotting), followed by calcium, and the time to fibrin clot formation (usually 11 to 13 seconds) is recorded.

Extimate pathing - 1600 me \*



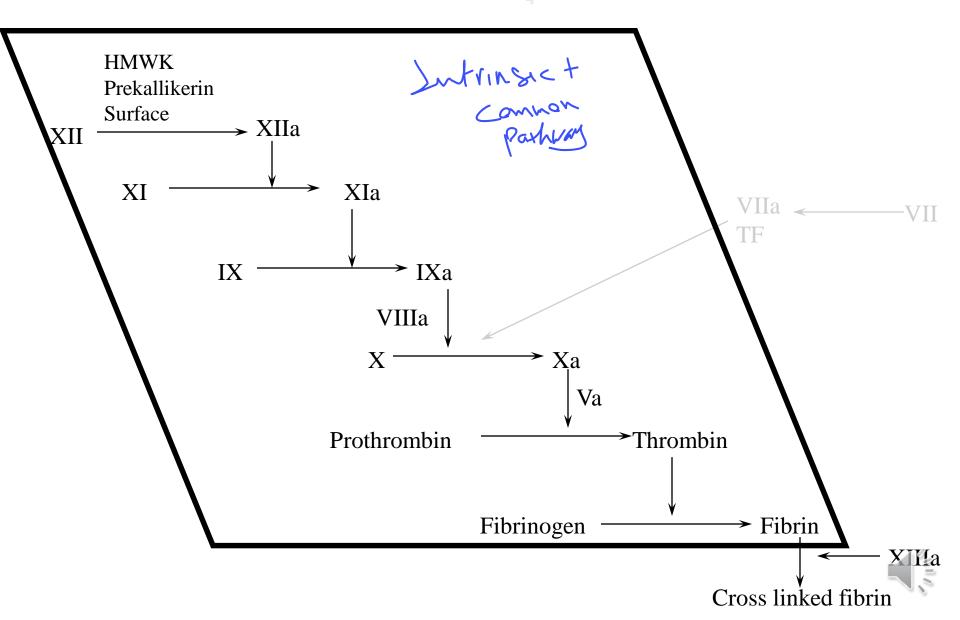
### Prothrombin Time(PT)



- Partial thromboplastin time (PTT):
- Screens for the activity of the proteins in the **intrinsic** pathway (factors **XII, XI, IX, VIII**, X, V, II, and fibrinogen).
  - The PTT is performed by adding a negatively charged activator of factor XII and phospholipids to a patient's citrated plasma, followed by calcium, and recording the time required for clot formation (usually 28 to 35 seconds).



### Partial Thromboplastin Time

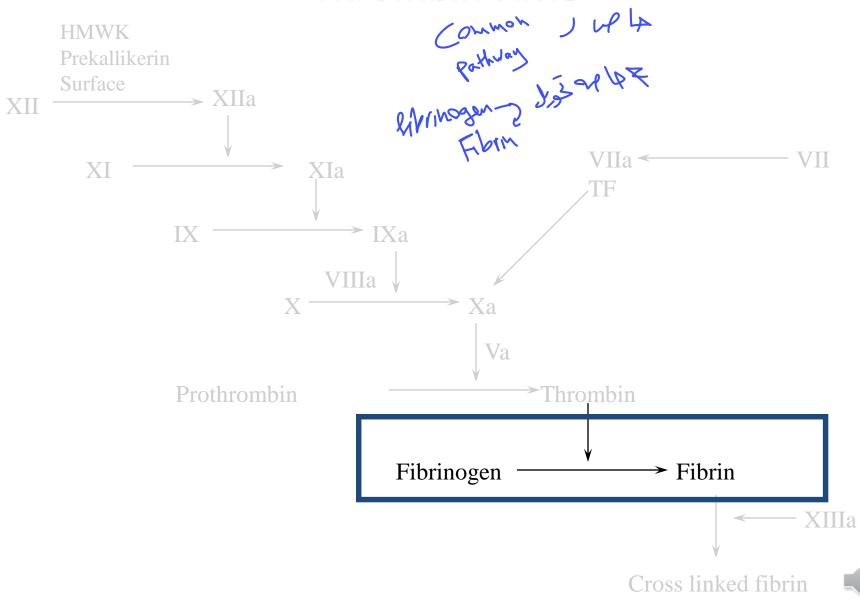


Common pathway and he no me

- Thrombin Time:
- screen for reduction of fibrinogen concentration and presence of fibrin split products.
- Thrombin is added to plasma. Time needed to clot is measured as TT.



### **Thrombin Time**



### **Regulation of clotting**

- 1- Antithrombins (e.g., antithrombin III): hepaton Sulfak -
- Inhibit the activity of thrombin and factors IXa, Xa, XIa, and XIIa. 12
- Activated by binding to heparin-like molecules
- 2- Protein C and protein S: We perce
- Two vitamin K-dependent proteins that act in a complex to proteolytically inactivate cofactors Va and VIIIa.

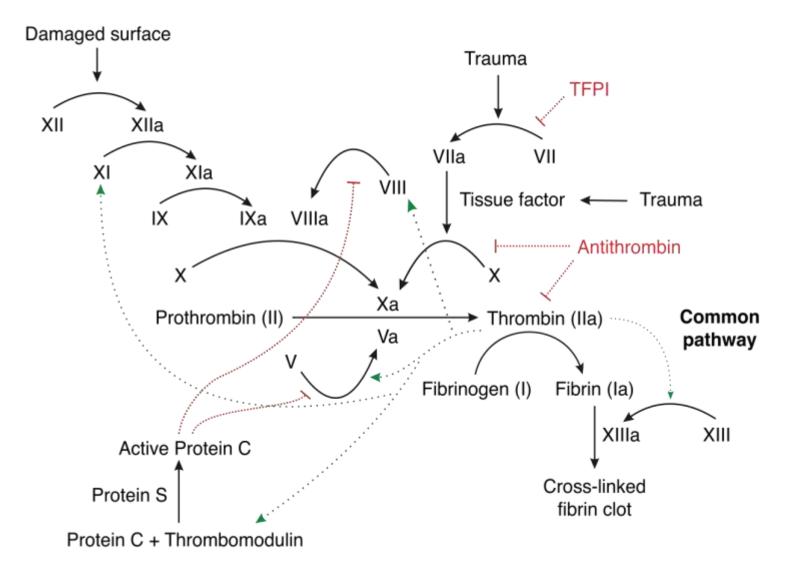
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- Protein C activated by thrombomodulin
- protein S is a cofactor for protein C activity
- 3-Tissue factor pathway inhibitor (TFPI):
  - Inactivates factor Xa and tissue factor-factor VIIa complexes
- 4- Plasmin



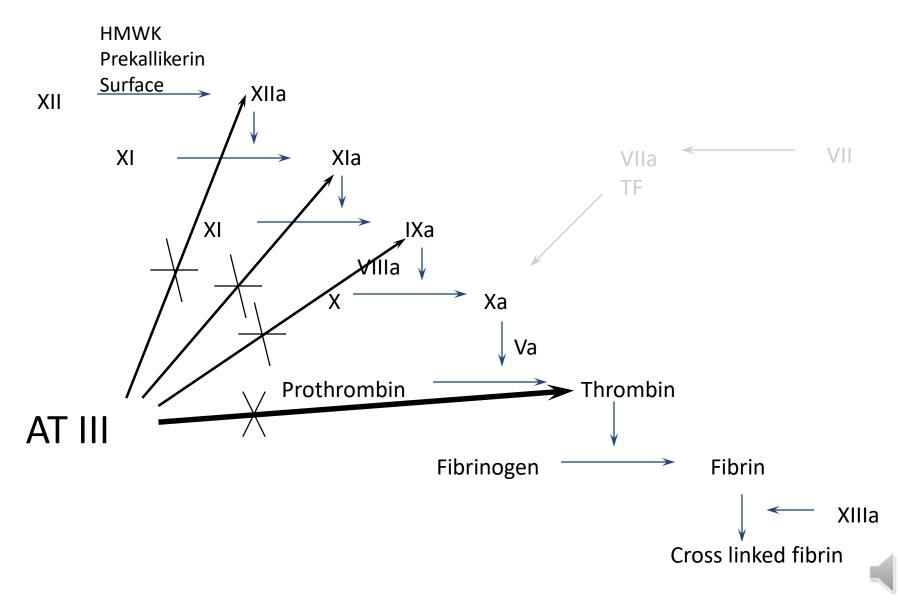
### Contact activation (intrinsic) pathway

#### Tissue factor (extrinsic) pathway

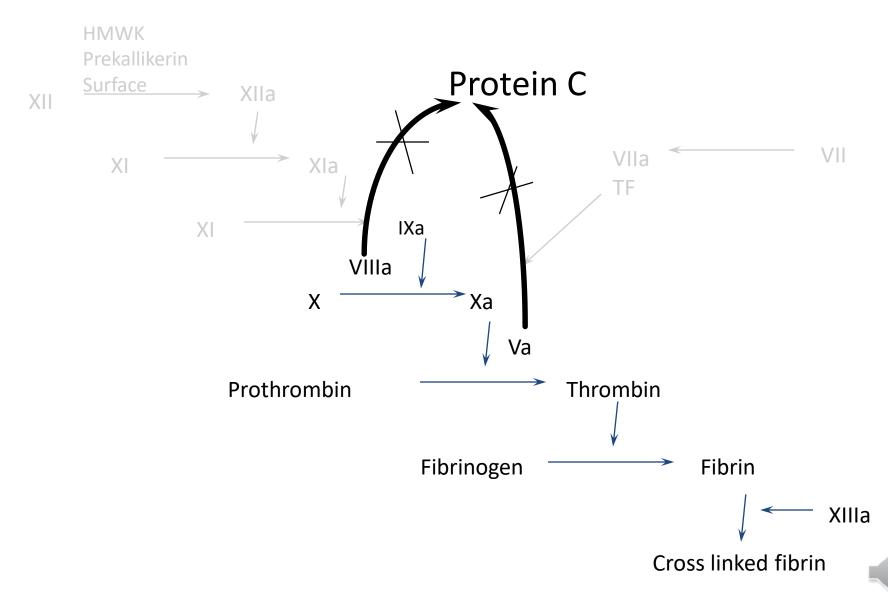


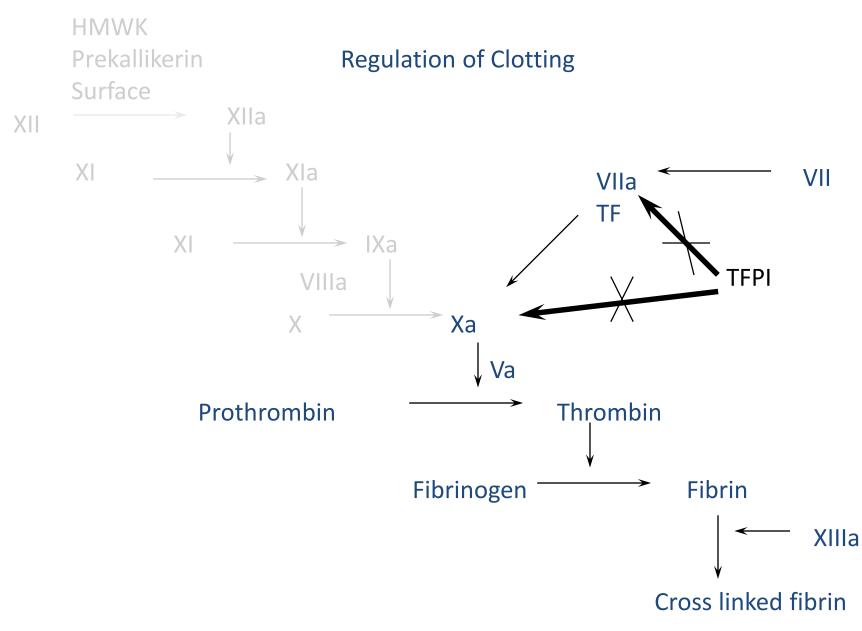


### Antithrombin III



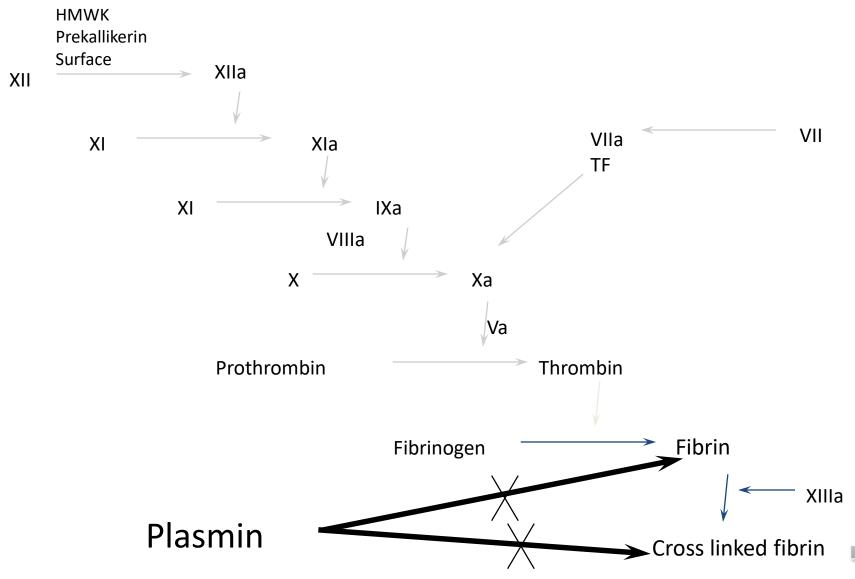
#### Protein C







### Plasmin



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### **Regulation of Clotting**

