BLOOD PHYSIOLGY

Haemostasis and blood Coagulation

Dr Sitelbanat

Lecture Content

- Platelets synthesis and function .1
- Haemostasis .2
- Capillaries vasoconstriction .3
- Platelets Plug .4
- Clot formation (intrinsic & externsic .5 pathway) thrombin function
- Fibrinolysis and plasmin .6

Platelets & Megakaryocyte (Thrombocytes)

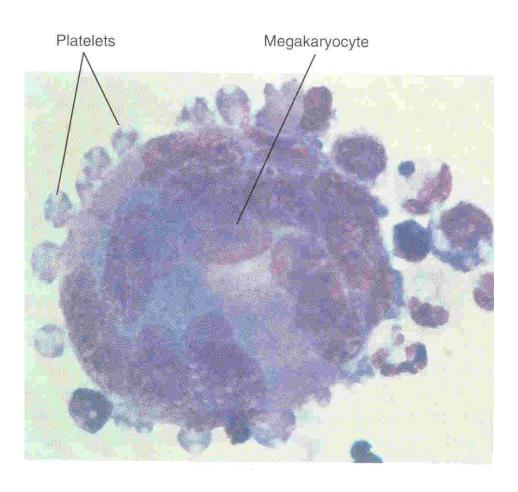
Platelets:

- are round disc formed in bone marrow
- Stem cells → Promegakaryocyte → megakaryocyte → breaking pieces of cytoplasm (platelets)
- Platelet count = $150x10^3-300x10^{3}/ml$,
- life span 8-12 days
- Active cells contain contractile protein,
- Contain high calcium storage & rich in ATP
- Coated by a glycoprotein layer which prevent its sticking to normal endothelial cells

Platelets & Megakaryocyte (Thrombocytes)

- Platelets Functions:
 - Adhere to injured site of blood vessel to stop bleeding
 - Secretes substances which are important for clot formation

Platelets



Haemostasis

Mechanisms that prevent blood loss

- 1. Vasoconstriction
- 2. Platelet plug
- 3. Blood clot formation

Vasoconstriction

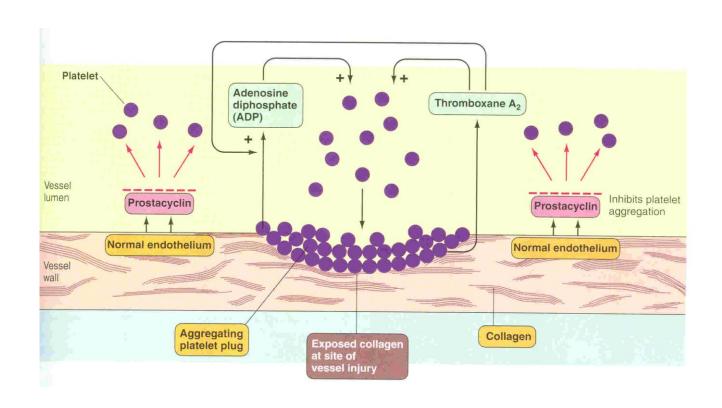
Immediately After injury a localize constriction of blood vessels occurs due to:

- 1. Hurmoral factors: local release of thromboxane A2 by platelets, systemic release of adrenaline
- 2. Nervous factors
- 3. Myogenic contraction

Platelet Plug

- Platelets in contact with exposed collagen from injured endothelial, platelets swells and contract to release several substances such as 5HT, ADP, thromboxane A2
- The released substances increases the stickiness of platelets leading to platelets aggregation and plugging of the cut vessel
- These substances are also vasoconstrictor

Platelets aggregation



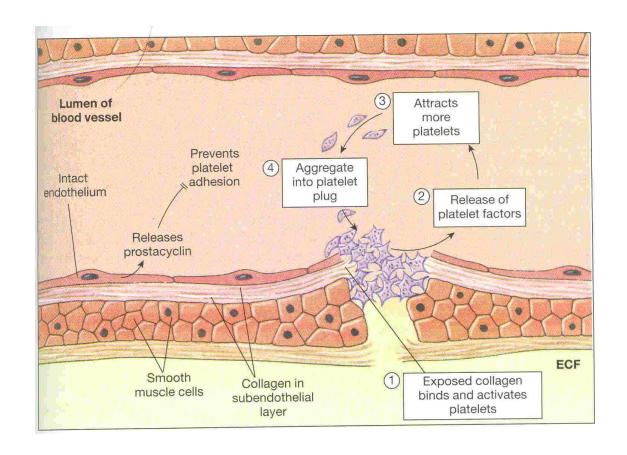
Activated platelet

Secrets:

- 1. $5HT \rightarrow vasoconstriction$
- 2. ADP \rightarrow aggregator
- 3. Platlet phospholipid (PF3) needed for clot formation
- 4. Thromboxane A2 (TXA2) is a prostaglandin formed from arachidonic acid causes vasoconstriction and aggregator. Inhibited by aspirin

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Platelet Plug



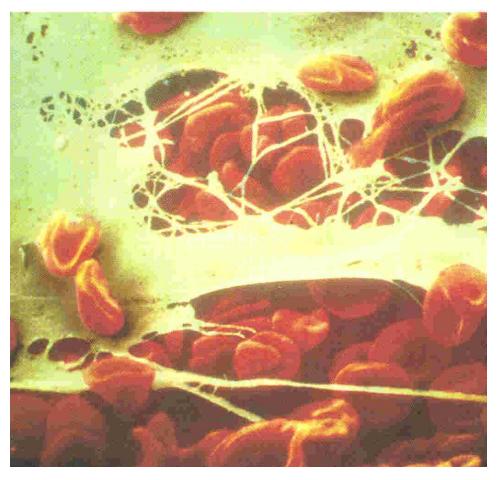
Blood coagulation (clot formation)

- A series of biochemical reaction leads to the formation of blood clot within few second after injury
- This reaction leads to the activation of thrombin enzyme from inactive form prothrombin
- Thrombin will change fibrinogen (plasma protein) to fibrin (insoluble protein)
- Prothrombin (inactive thrombin) is activated by a long intrinsic or short extrinsic pathways
- Activation cascade reaction involve 12 clotting factors, circulating in inactive precursor forms

Clotting Factors

Factors	Names
I	Fibrinogen
II	Prothrombin
III	Thromboplastin
IV	Calcium
V	Labile factor
VII	Stable factor
VIII	Antihemophilic factor
IX	Antihemophilic factor B
X	Stuart-Power factor
XI	Plasma thromboplastin antecedent
XII	(PTA)
XIII	Hagman factor
	Fibrin stablizing factors

Blood clot



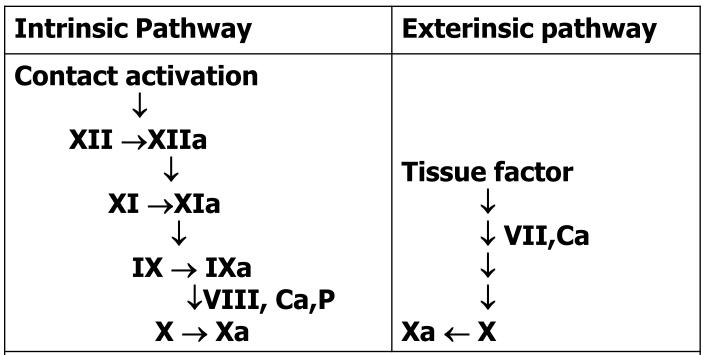
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Intrinsic pathway

- The trigger is the activation of factor XII by contact with foreign surface, injured blood vessel, and glass.
- Activate factor (XIIa) will activate XI
- Xla will activate IX
- IXa + VIII + platelet phospholipid + Ca activate X
- Following this step the pathway is common for both

Extrinsic pathway

- Triggered by material released from damaged tissues (tissue thromboplastin)
- tissue thromboplastin + VII + Ca → activate X
 Common pathway
- Xa + V +PF3 + Ca (prothrombin activator) it is a proteolytic enzyme activate prothrombin → thrombin
- Thrombin act on fibrinogen → insoluble thread like fibrin
- Factor XIII + Ca → strong fibrin (strong clot)



Coagulation

- Both pathway are needed for normal haemostasis
- Both pathways are activated when blood come in contact with tissues outside blood vessel
- Thrombin is important factor in both
- Extrinsic pathway is faster (15 sec) while intrinsic may take up to 1-6 min

Thrombin

- Thrombin change fibrinogen to fibrin
- Thrombin is essential in platelet morphological changes to form primary plug
- Thrombin stimulate platelet to release ADP & thromboxaneA2 bothe stimulate further platelets aggregation
- Activate factor V

BLOOD PHYSIOLGY FIBRINOLYSIS

Fibrinolysis

- Formed blood clot can either become fibrous or dissolve
- Fibrinolysis (dissolving) = Break down of fibrin by naturally occurring enzyme plasmin therfore prevent intravascular blocking
- There is balance between clotting and fibrinolysis
 - Excess clotting → blocking of Blood Vessels
 - Excess fibrinolysis → tendency for bleeding

Plasmin

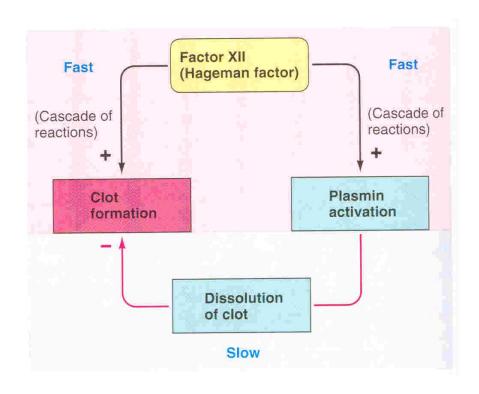
- Plasmin is present in the blood in inactive form plasminogen
- Plasmin is activated by tissue plasminogen activators (t-PA) in blood.
- Plasmin digest intra & extra vascular deposit of Fibrin → fibrin degradation products (FDP)
- Unwanted effect of plasmin is the digestion of clotting factors

Plasmin

- Plasmin is controlled by:
 - Tissue Plasminogen Activator Inhibitor (TPAI)
 - Antiplasmin from the liver
- Uses:
 - Tissue Plasminogen Activator (TPA) used to activate plasminogen to dissolve coronary clots

23

Coagulation balance



Objectives

At the end of this lecture student should be able to:

- 1. Describe formation and development of platelet
- 2. Recognoize different stages of haemostasis
- 3. Describe the role of platelets in haemostasis.
- 4. Recognize different clotting factors
- 5. Describe the cascade of clotting.

Objectives

At the end of this lecture student should be able to:

- 5. Describe the cascade of intrinsic pathway.
- 6. Describe the cascade of extrinsic and common pathway.
- 7. Recognize the role of thrombin in coagulation
- 8. Recognize process of fibrinolysis and plasmin