

# LECTURE 3

## Coagulation Mechanisms

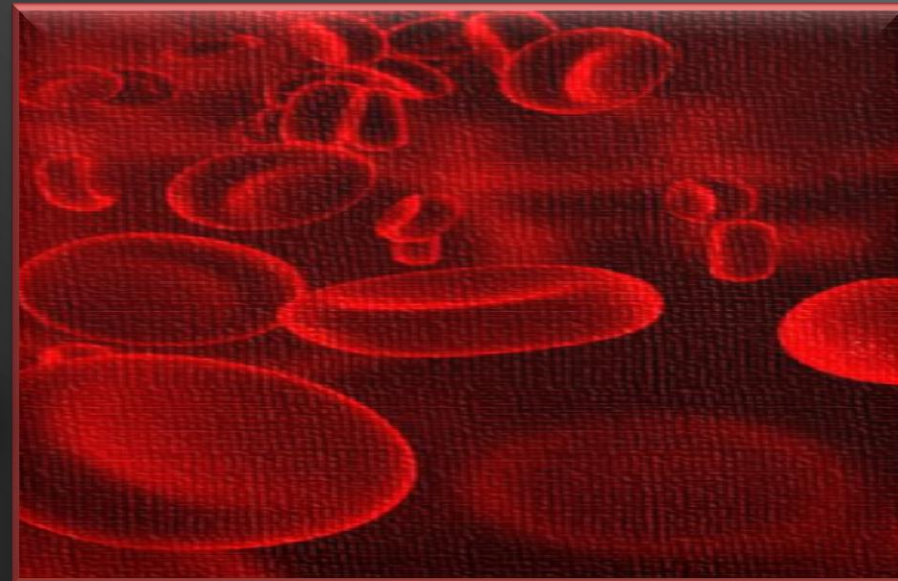
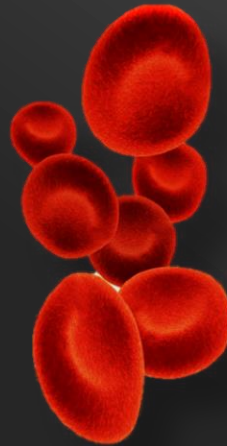
# HAEMATOLOGY BLOCK

**DONE BY:**

Maha Adosary!

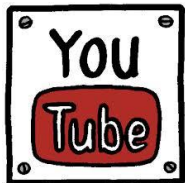
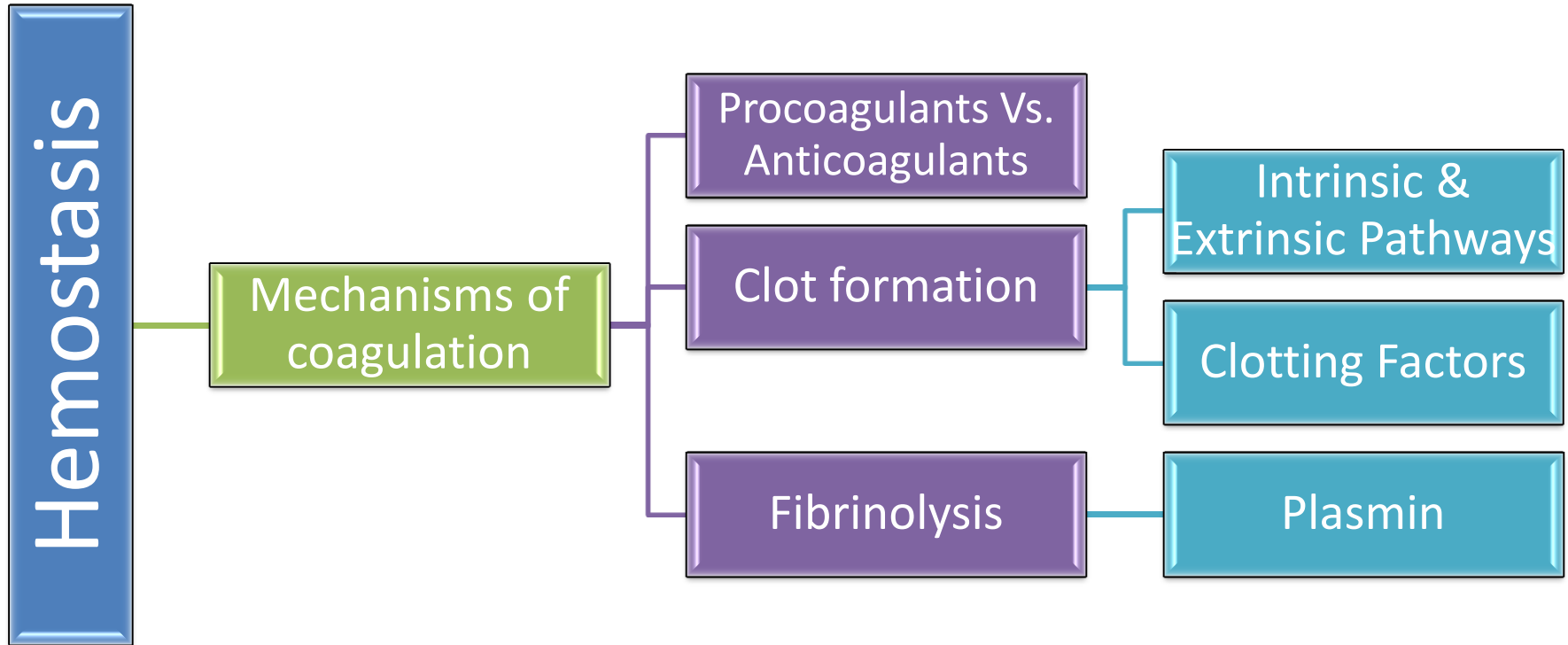
**REVISED BY:**

Shaimaa AlRefaie



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

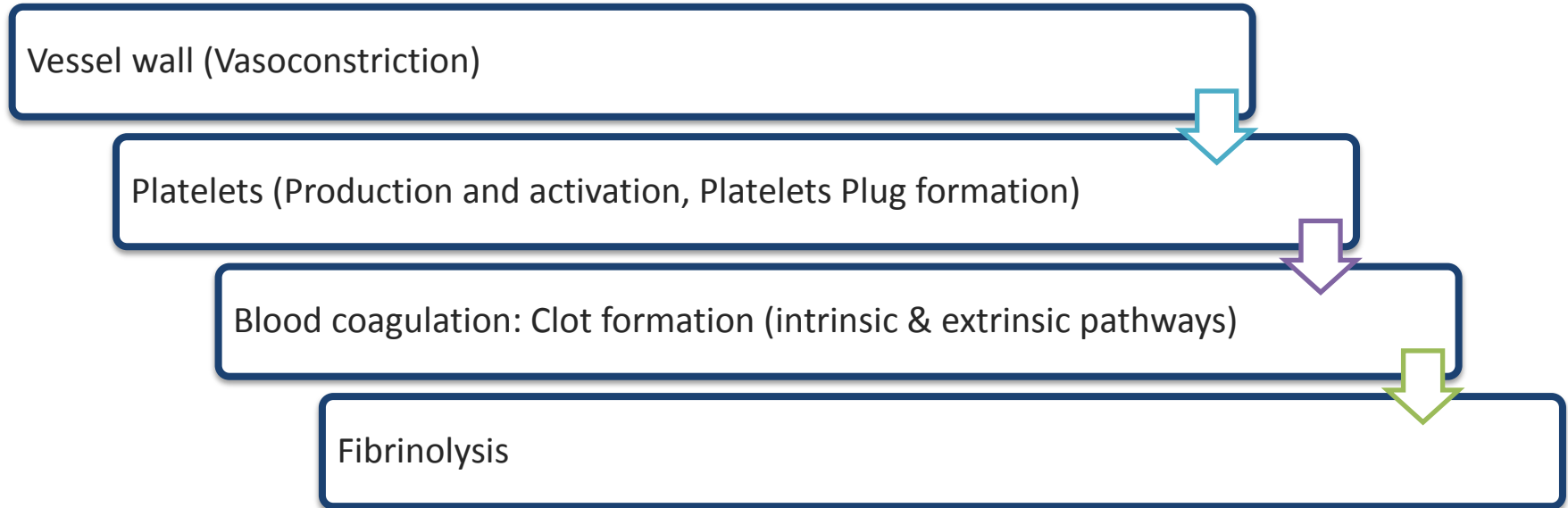
- Recognize the different clotting factors
- Understand the role of calcium ions during clotting cascades.
- Describe the cascades of intrinsic and extrinsic pathways for clotting.
- Recognize process of fibrinolysis and function of plasmin
- Recognize some conditions causing excessive bleeding
- Understand some important anticoagulants and their mechanism of action



Great video to help you understand:  
Just click on the previous You Tube icon (:

**Hemostasis is the prevention or stoppage of blood loss.**

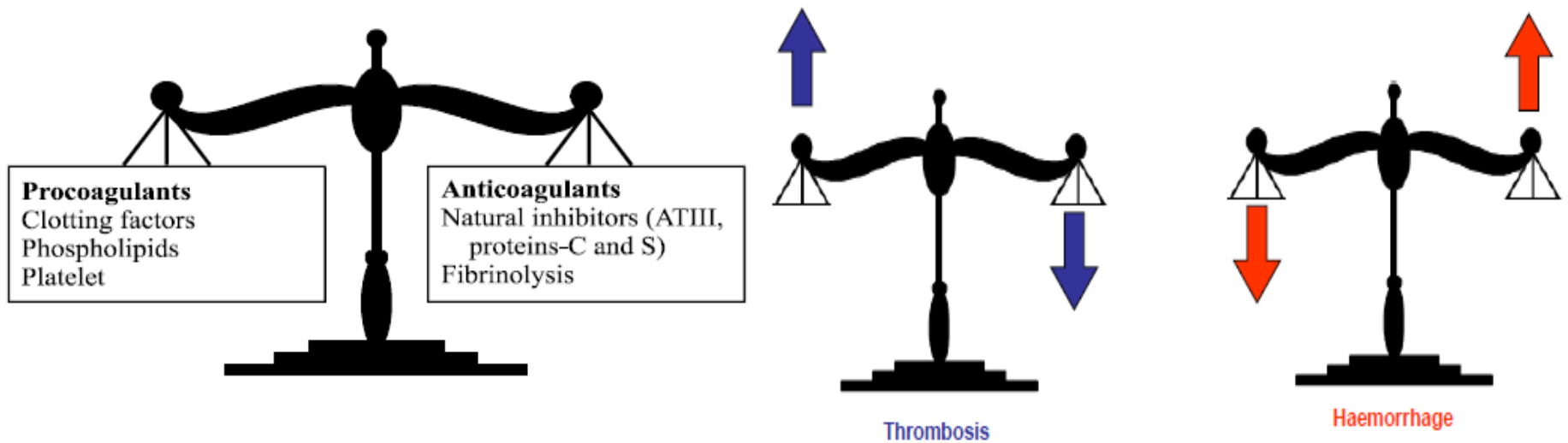
Hemostatic Mechanisms:



**Coagulation:** Formation of **fibrin** meshwork (Threads) to form a **CLOT!**

\* The fibrin is like **الاسمنت** that holds the platelets together :D

- A crucial physiological *balance* exists between factors promoting coagulation (procoagulants) and factors inhibiting coagulation (anticoagulants).
- Coagulation of blood depends on the balance between these two factors.
- **Disturbances** in this balance could lead to **thrombosis** or **bleeding** and those two are the most common problems in all hospitals!



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

They will never ask about the number of the factor or vice versa :)

\*They all circulate in the inactive form!

## Prothrombin (factor II)

- is a plasma *protein*,  $\alpha_2$ -globulin.
- present in normal plasma in a concentration of 15 mg/dl.
- it is **unstable** protein that can be split easily into **thrombin**.
- it is continually formed by the liver. Vit K dependent.

\***Vitamin K** is important for normal production of prothrombin *by the liver*.  
Lack of vit K or liver disease can decrease the of prothrombin formation to a very low level → **bleeding**.

\*The liver depends on vit K in the production of factor **2,7,9 and 10!**

## Thrombin

- is a protein enzyme with proteolytic capabilities.
- it acts on **fibrinogen** to form one molecule of fibrin monomer.
- fibrin monomers polymerize with one another to form fibrin fibers.
- it activates **factor XIII**.

### Fibrin-stabilizing (factor XIII)

- is a plasma protein
- it is also released from platelets that is entrapped in the clot
- it must be activated before it affects the fibrin fibers
- activated XIII factor operates as an enzyme causing additional strength of fibrin meshwork. هو الاسمنت للفايبرن!

### Fibrinogen (factor I)

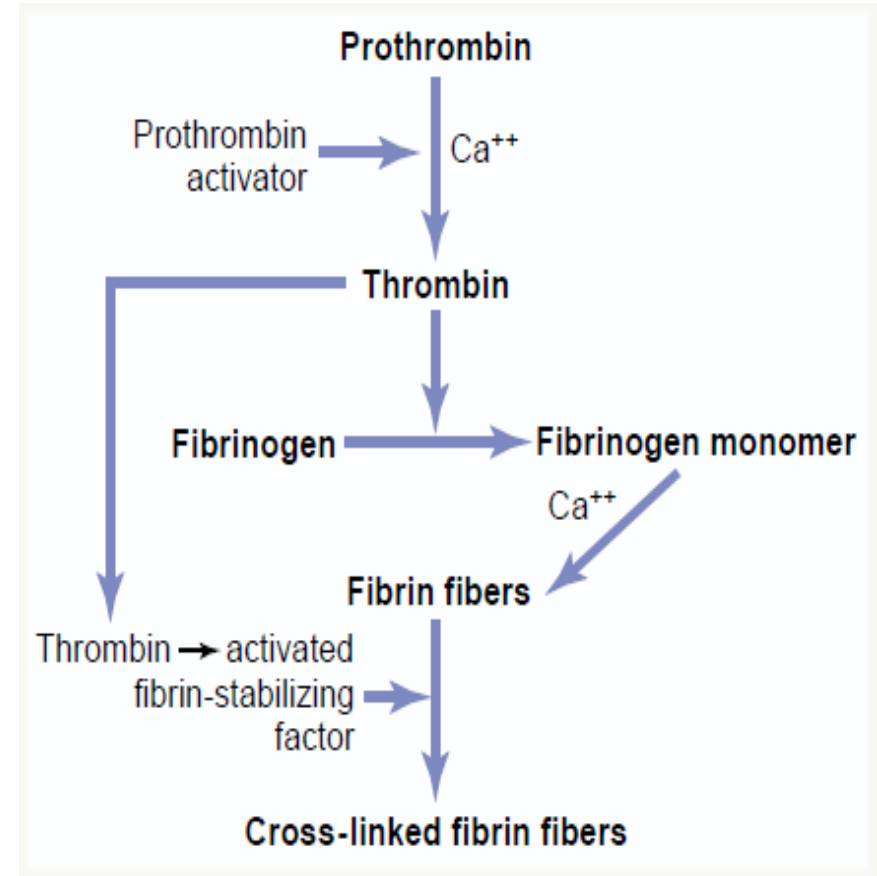
- is a high-molecular-weight plasma protein.
- it is continually formed by the liver.
- little or no fibrinogen leak from blood vessels .Because it has high molecular weight it doesn't go out from the circulation!

\*Blood Clot “Red Clot”:

Is composed of a meshwork of **fibrin fibers** running in all directions and entrapping **blood cells, platelets, plasma**.



- Thrombin changes fibrinogen to fibrin.
- Thrombin is essential in platelet **morphological changes** to form **primary plug**. **Change platelet's shape**.
- Thrombin stimulates platelets to release ADP & thromboxane A<sub>2</sub>; both stimulate further platelets aggregation.
- Activates factor V, VIII and XIII.



- A series of biochemical reactions leading to the formation of a blood clot within few seconds after injury.
- Prothrombin (inactive thrombin) is activated by a long intrinsic or short extrinsic pathways.
- This reaction leads to the activation of thrombin enzyme from inactive form prothrombin.
- Thrombin will change fibrinogen (plasma protein) into fibrin (insoluble protein).

## Intrinsic Pathway:

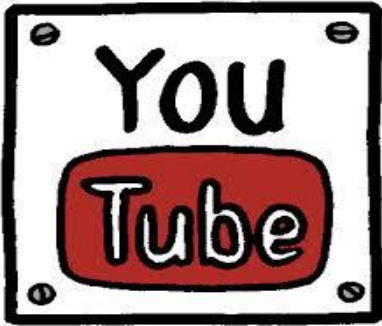
- The trigger is the activation of **factor XII** by contact with foreign surface, injured blood vessel, and glass.
- Activated factor XII will activate factor **XI**
- Activated factor XI will activate **IX**
- Activated factor **IX + factor VIII + platelet phospholipid factor (PF3) + Ca** activate factor **X**.

## Extrinsic Pathway:

- Triggered by material released from damaged tissues (tissue thromboplastin)
- Tissue thromboplastin + VII + Ca >> activate X

## Common pathway for both intrinsic and extrinsic pathways:

- Activated factor X + factor V + PF3 + Ca activate prothrombin activator; a proteolytic enzyme which activates prothrombin.
- Activated prothrombin activates thrombin
- Thrombin acts on fibrinogen and change it into insoluble thread like fibrin.
- Factor XIII + Calcium → strong fibrin (strong clot)

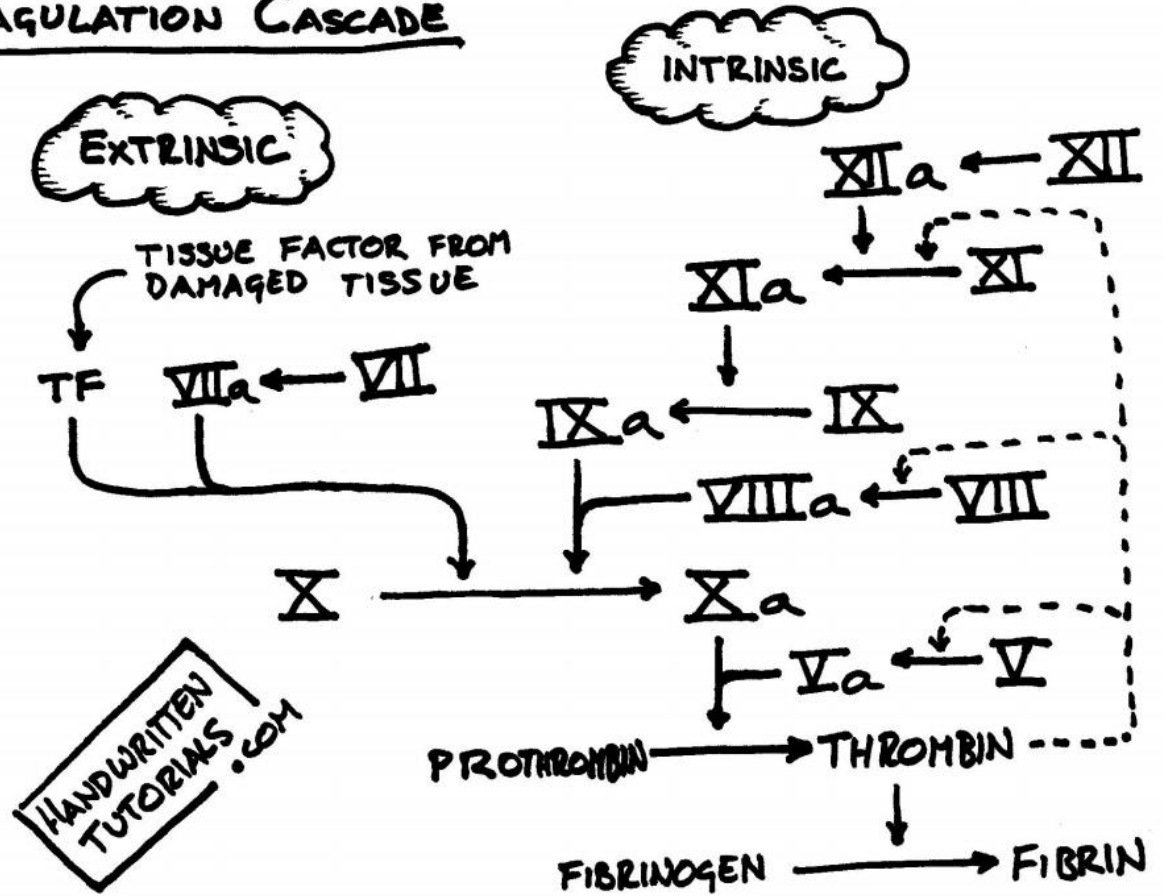


Check out this video it will make it easier for you :D!  
Click on the YouTube icon please

Thanks for  
Shaikha AlDossary

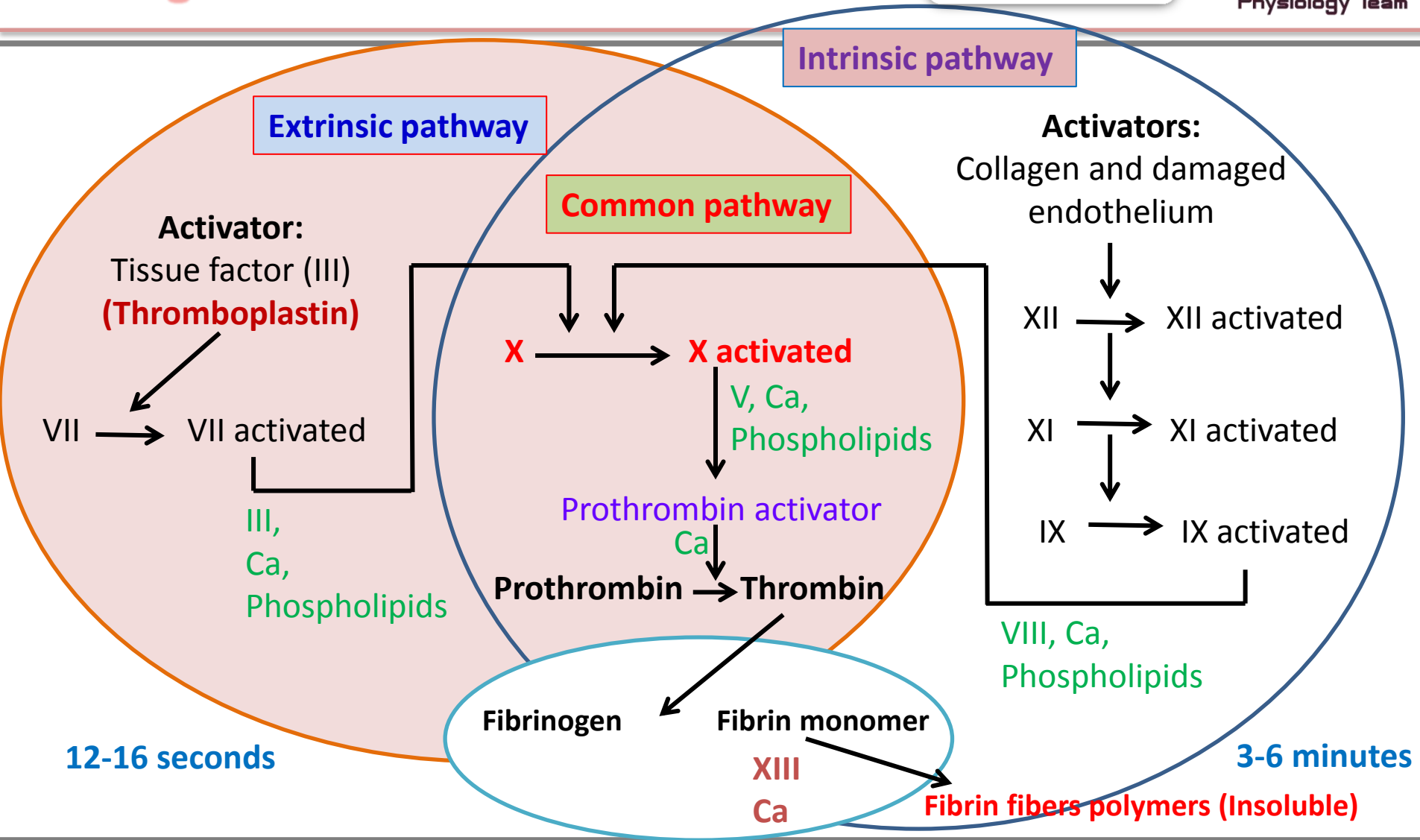


## COAGULATION CASCADE



# The Coagulation Cascades

Males' Slide



■ Slides

■ Important

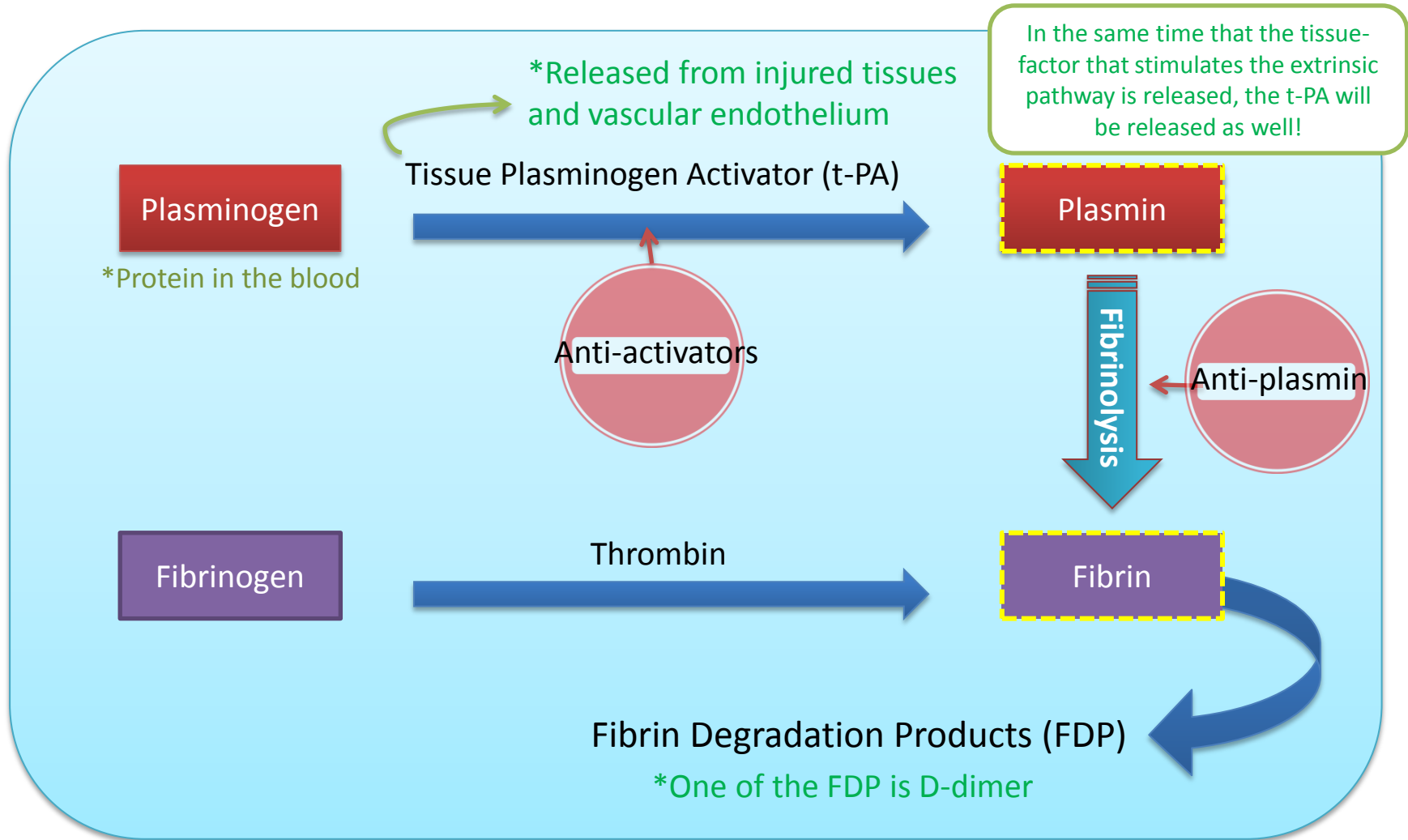
■ Females' Notes

■ Explanation

■ Males' Notes

- It's the normal healing!
- Formed blood clot can either become fibrous or dissolved.
- Fibrinolysis (dissolving) = *Break down* of fibrin by naturally occurring enzyme **plasmin** therefore prevent intravascular blocking.
- There is a balance between clotting and fibrinolysis:
  - Excess **clotting** → blocking of Blood Vessels.
  - Excess **fibrinolysis** → tendency for bleeding.

# Fibrinolysis



- Is present in the blood in an inactive form **plasminogen**.
- Is activated by **tissue plasminogen activators** (t-PA) in blood.
- Digests intra & extra vascular deposit of Fibrin → fibrin degradation products (FDP).
- Unwanted effect of plasmin is **the digestion of clotting factors**.
- **Plasmin is controlled by:**
  - Tissue Plasminogen Activator Inhibitor (TPAI) “Anti-activators”.
  - Antiplasmin from the liver.
- **Uses:**
  - Tissue Plasminogen Activator (TPA) used to activate plasminogen to dissolve coronary clots



Prevention of blood clotting in the **normal** vascular system and Anticoagulants:

- Endothelial surface factors:
  - **Smoothness** of the ECS.
  - Glycocalyx layer.
  - Thrombomodulin protein.
- **Fibrin fibers**, adsorbs ~ 90% of thrombin to removes it from circulating blood.
- **Antithrombin III**, combines the remaining thrombin and removes it from blood.
- **Heparin**, combines with Antithrombin III and quickly removes thrombin from blood.

**Heparin can be synthesized in:** Liver, lungs, mast cells, basophils.

### Anticoagulants for clinical use:

- **Heparin:**
  - commercial, extracted from animals
- **Coumarins:**
  - warfarin, competitive with Vit. K
  - Decrease Factors II, VII, IX, X

### Prevention of blood coagulation outside the body:

(decrease calcium ion concentration)

- **Oxalate** (precipitation, toxic )
- **Citrate** (deionizer)
- **EDTA** (Chelating agent)

- **Vitamin K Deficiency**
  - **Prothrombin, Factor VII, Factor IX, Factor X** require vitamin K for their synthesis.
  - Hepatitis, Cirrhosis, acute yellow atrophy AND GI disease.
- **Hemophilia**
  - ↑ bleeding tendency.
  - X-linked disease.
  - Affects males.
  - 85% due to Factor **VIII** deficiency (**hemophilia A**), and 15% due to Factor **IX** deficiency (**hemophilia B**).
- **Thrombocytopenia**
  - Very **low number** of platelets in blood (< 50,000/ $\mu$ l).
  - Thrombocytopenia purpura, hemorrhages throughout all the body tissues
  - Idiopathic Thrombocytopenia, unknown cause.

- Coagulation is the formation of fibrin meshwork (Threads) to form a clot.
- Coagulation of blood depends on the balance between procoagulants and anticoagulants.
- Prothrombin is the inactive form of thrombin.
- The liver depends on **vit K** in the production of factor **2,7,9 and 10**.
- Thrombin changes fibrinogen to fibrin and it activates factor V, VIII and XIII.
- Blood Clot is composed of a meshwork of **fibrin fibers** running in all directions and entrapping blood cells, platelets, plasma.
- Fibrinolysis is the break down of fibrin by **naturally** occurring enzyme plasmin therefore prevent intravascular blocking.
- Plasmin is controlled by: Anti-activators and Antiplasmin.
- **Prevention of blood clotting in the normal vascular system by:** Endothelial surface factors, Fibrin fibers, Antithrombin III and Heparin.
- **Conditions that cause excessive bleeding:** Vitamin K Deficiency, Hemophilia and Thrombocytopenia.

**YOU CAN test  
yourself from  
here**



Click on the question mark

■ [Slides](#)

■ [Important](#)

■ [Females' Notes](#)

■ [Explanation](#)

■ [Males' Notes](#)

**THE END**

**If there are any Problems or Suggestions,  
Feel free to contact us:**

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**THANK YOU**

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ANY OTHER SUBJECT .. YOU CAN MENTION THIS ACCOUNT @MED432**

**Actions Speak Louder Than Words**