

PF4/Heparin antibodies predict mortality in HIT

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[index](#) (P)

"HIT remains an infrequent but very serious complication of heparin therapy in contemporary cardiac surgical practice," the authors write. "The possibility that the presence of HIT [antibodies](#) in [patients](#) with thrombocytopenia independently increases operative mortality deserves further study."

More information: [Abstract](#)
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(HealthDay)—Heparin-induced thrombocytopenia (HIT) is infrequent in patients undergoing cardiac surgery, but is associated with increased 30-day mortality, according to a study published in the Jan. 15 issue of *The American Journal of Cardiology*.

Xiumei Sun, M.D., from the Medstar Heart Institute in Washington, D.C., and colleagues examined the impact of HIT on contemporary cardiac surgical practice. A total of 14,415 consecutive patients undergoing [cardiac surgery](#) were screened postoperatively for thrombocytopenia. Those with thrombocytopenia were tested for antiplatelet factor 4 (PF4)/heparin antibodies and assessed for clinical evidence of thrombosis.

The researchers found that 13 percent of the patients had thrombocytopenia. Of these, 15 and 4 percent had PF4/heparin antibodies and antibodies and clinical thrombosis, respectively. The frequency of antibodies was elevated in women (P = 0.01), in patients with increased [body mass](#)

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