



## DIAGNOSIS OF BLEEDING CAUSES

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*Diagnosis of the causes of bleeding, determination of the intensity of intravascular microclotting and disseminated coagulation syndrome (DIC), as well as control of antithrombotic and haemostatic therapy is not possible without special laboratory tests [1,2,3,4].*

**Keywords:** *laboratory diagnosis of bleeding, haemocoagulation, blood coagulation factors;*

Based on the principle of method, the following groups of tests can be distinguished:

1. Clotting, or chronometric tests, which make it possible to determine the biological activity of the haemocoagulation factors under study. The unit of measurement used in these methods is the time of fibrin clot formation.

2. Amidolytic methods using chromogenic substrates, in which the time of hydrolysis of a peptide substrate is analysed [5,6,7].

3. Methods that allow to determine the concentration of the investigated factor through the use of monoclonal antibodies - immunological methods [8,9,10].

Separately, it is necessary to note the genetic methods that allow to detect the presence of mutations in genes that determine the formation of individual coagulation factors and other participants in fibrinolysis and haemocoagulation process. In any case, the laboratory test should have an established diagnostic significance. Its



sensitivity and specificity, as well as the method of calibration and standardisation should be considered. In addition, there should be a procedure for quality control of tests with an assessment of the correctness and reproducibility of the results obtained. When interpreting the results of laboratory tests for the diagnosis of disorders of the haemocoagulation system should be based on modern ideas about the mechanisms of blood coagulation and individual patient information [11,12,13,14].

Currently, the number of laboratory tests, which are used to study various links of blood coagulation, exceeds several hundred. However, for a practical doctor who is trying to answer questions about the possibility of haemorrhagic complications during surgical interventions, about the cause of bleeding that has already occurred, or about the intensity of intravascular coagulation and the presence of DIC syndrome, as well as about the effectiveness of antithrombotic therapy, the number of laboratory tests is limited to a much smaller number. In this regard, we have divided all laboratory tests, with the help of which the state of haemocoagulation is investigated, into several groups depending on the questions posed by the doctor. The first group includes those laboratory methods that allow to answer the question about the state of blood coagulation in a healthy person, in a patient in preparation for surgical interventions or in cases where there are clinical signs of haemocoagulation disorders [15,16,17,18].

For this purpose, it is sufficient to carry out so-called assessment or screening tests [19,20,21].

These include:

1. Platelet count
2. Bleeding time
3. Prothrombin time
4. Activated partial thromboplastin time
5. Determination of fibrinogen level.
6. D-dimer

The study of bleeding time is not mandatory in all cases. It can be used in preparation for surgical interventions on ENT organs, especially in children, with haemorrhagic manifestations and suspected insufficiency of haemostatic function of



the haemocoagulation system. Performing the test before all interventions as well as in patients with thrombotic complications is inexpedient. In any case, careful collection of personal and family haemorrhagic or thrombotic anamnesis is mandatory. Screening tests can be performed in primary care laboratories. If necessary, these tests can be centralised, but the time to get the material to the central laboratory should not be too long and the tests should be started within 4 hours of blood collection [22,23,24].

The second group of studies is represented by sets of additional tests for different clinical manifestations of disorders of the haemocoagulation and fibrinolysis system [14,15,16].

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