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IS IT NECESSARY TO EVALUATE ROUTINE HEMOSTASIS TESTS IN MYELOFIBROSIS?

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INTRODUCTION

Hematological malignancies are one of the underlying diseases that frequently cause disseminated intravascular coagulation (DIC). Although the frequency of DIC in myeloproliferative neoplasms has been studied, the frequency and course of DIC in Myelofibrosis (MF) are unknown. Moreover, the effect of early diagnosis and immediate treatment of DIC on the course of the disease is a matter of curiosity.

AIM

In this study, we aimed to investigate whether ordering DIC tests routinely would be meaningful in detecting subclinical DIC in stable MF outpatients.

METHOD

MF (primary, post-essential thrombocytosis and post-polycythemia vera) patients who were followed up in the hematology outpatient clinics of Ankara Bilkent City Hospital and who had routine hemostasis tess (INR, aPTT, PT, fibrinogen and D-dimer) resulted within the last one year (31.01.2023-31.01.2024) were evaluated retrospectively.

RESULTS

Among 137 MF patients, 37 patients who admitted to outpatient follow-up with routine hemostasis tests were evaluated. The median age was 63 (25-83) years. Male/female ratio was 19/18. The patients were clinically stable without clinical findings of disseminated intravascular coagulation such as fever, hypotension, and bleeding. Ten patients had thrombocytopenia ($<100*10^9$), but thrombocytopenia was thought to be related to bone marrow failure. When patients were evaluated with International Society of Thrombosis DIC criteria without including platelet count, overt DIC criteria were not met in any patient. In 3 patients, non-overt DIC was observed. However, all of these 3 patients had a history of chronic liver disease and thrombosis (all 3 were anticoagulated). Therefore, the impairment in hemostasis tests was probably associated with the use of anticoagulant therapy.

CONCLUSIONS

This study showed that routinely ordering hemostasis tests to detect overt or non-overt DIC in stable patients without clinical symptoms may not contribute to patient management. However, this hypothesis can be supported in larger cohorts. We have planned to evaluate the frequency of DIC and accompanying causes in symptomatic myelofibrosis patients with new scoring systems developed specifically for hematological neoplasias with disease-related thrombocytopenia.

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