

### INTRODUCTION

Evaluation of D-dimers is one of the most used diagnostic tools for assessment of thrombogenic state. Measurable amount of active thrombin bound to circulating D-dimers has been shown<sup>1</sup> to be a stratification factor for determination of thrombogenic state of the patients.

#### AIM

Aim of this study was to search for the presence of active thrombin bound to D-dimers in various pathological condition.

## METHOD

- Patients samples were obtained in accordance with The Ethic committees of participating institutions (IHBT, Prague and MUH, Prague). Qualifying criterions were elevated D-dimers and consent to the study. From 98 patients, medical history and treatment protocols were acquired in 83 cases (Table I).
- > For D-dimer isolation we used a kit with specific antibody against D-dimer (CEA506Hu, USCN) (Fig. 1).
- > Thrombin specific substrate SN-59 (Haematologic Technologies, Inc.) was used

Cohort of patients		
Age, median (interval)	67.2 (25-93)	
D-dimers range		
< 1mg/l (F/M)	20 (8/12)	
1-5 mg/l (F/M)	55 (25/30)	
> 5 mg/l (F/M)	8 (4/4)	
Table I Cohort of patients.		

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# Active thrombin and its value: New approach to diagnosis of thrombosis?

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#### RESULTS > Detection of thrombin in patients' groups according to the D-dimer concentration is presented in Table II. There is no evidence of dependency between concentration of D-dimers and the detection of bound thrombin. > The presence of active thrombin has far greater prevalence among group of patients with thrombotic cause of admission to hospital (Table III; Fig. 1). > The presence of active thrombin in patients with non-thrombotic diagnosis was linked with complications or death (Fig. 2). Limitation of the study is small number of patients with similar diagnosis (the most frequent diagnoses are noted in Table IV). Presence of thrombin Presence of thrombin 20 (11/9) < 1mg/l (+/-) Thrombotic 27 (17/10) diagnosis (+/-) 1-5 mg/l (+/-) 55 (23/32) Non-thrombotic diagnosis (+/-) 56 (21/35) 8 (4/4) > 5 mg/l (+/-) **Table II Detection of thrombin** Table III Detection of thrombin activity related to D-dimers activity related to diagnosis. thrombin was detected (+); concentration. thrombin was detected (+); thrombin was not detected (thrombin was not detected (-) CONCLUSIONS The determination of active thrombin seems to be an additional independent value in the D-dimers assay. The presence of active thrombin bound to circulating D-dimers may help to differentiate between thrombogenic state and other pathological conditions linked with elevated Ddimers.

Diagnosis		
Pulmonary embolism	14	
Sepsis	11	
Onco-hematology	10	
Myocardial infarction	9	
Pancreatitis	6	
Pneumonia	5	

Table IV The most frequent diagnoses (with numbers of patients).

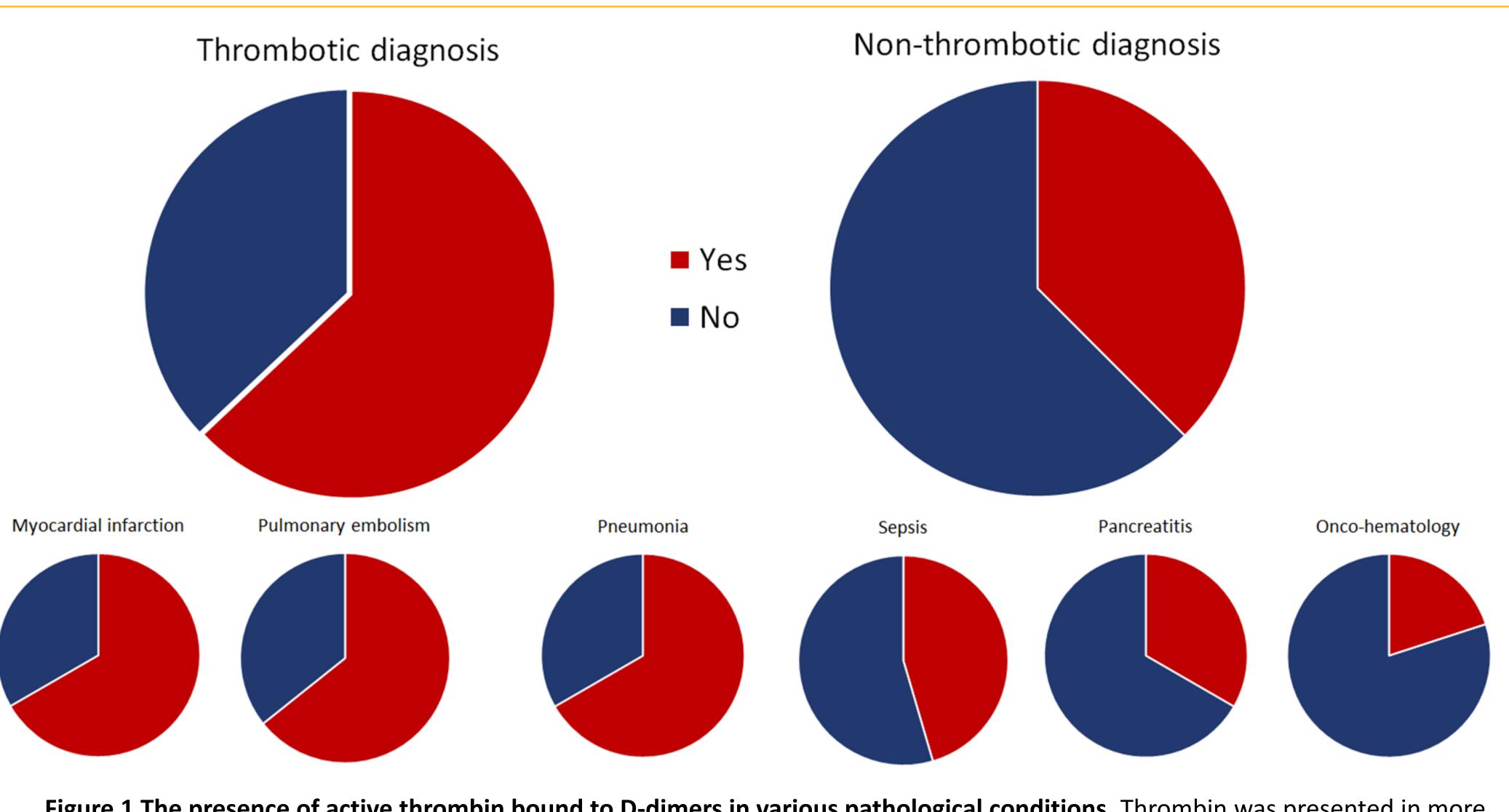


Figure 1 The presence of active thrombin bound to D-dimers in various pathological conditions. Thrombin was presented in more than 60 % of samples from patients with thrombotic diagnosis. On the other hand, none thrombin activity was detected in more than 60% of samples from patients without thrombotic diagnoses. Presence of thrombin - Yes; none thrombin detected - No.

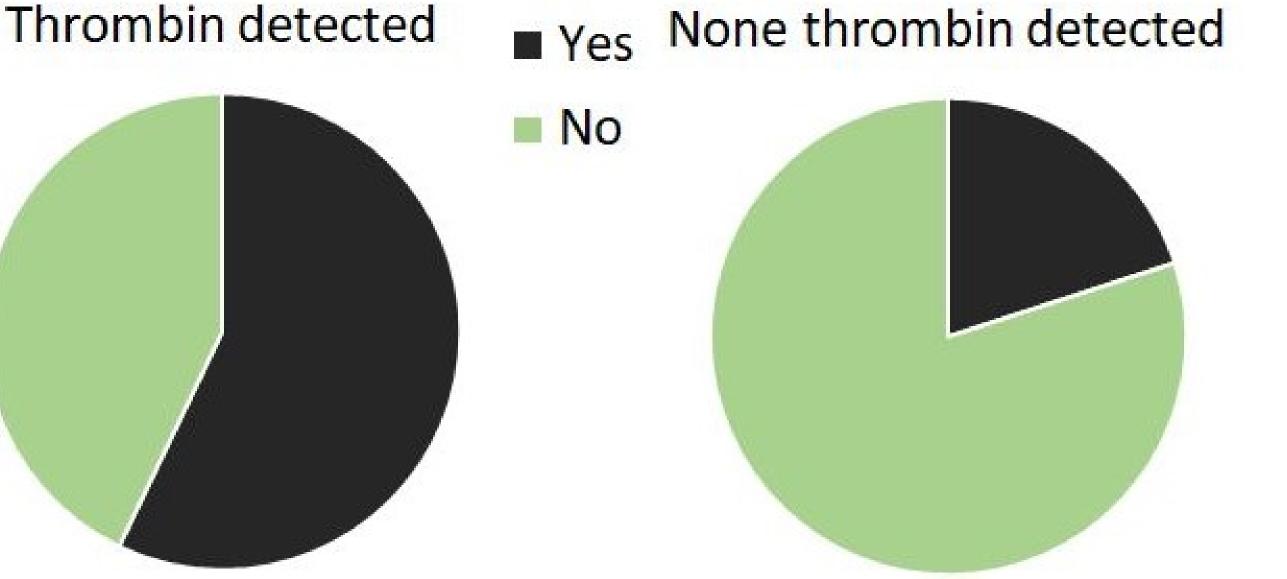
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Figure 2 The presence of complications in the group of patients without thrombotic diagnosis. Complications presented - Yes; no major complications - No.





#### REFERENCES

**DYR, JE et al.** Measurable amount of active thrombin is bound to circulating Ddimers: is there any impact on diagnosis and pathophysiology of thrombosis? *Blood*. 2016, vol. 128, no. 22, art. no. 2570. ISSN 0006-4971