Summary

Heparin induced thrombocytopenia (HIT) is thrombocytopenia or thrombosis with one or more positive tests for HIT antibodies.

To diagnose HIT, platelet count monitoring; at least every other day until hospital discharge or for day 14 (whichever occurs sooner). A platelet count fall of 50% or greater from baseline or any thrombosis occurs 5 to 10 days after heparin starting with exclusion of other causes of thrombocytopenia are highly suggestive of HIT.

Laboratory confirming assays are helpful as platelet activation assay (serotonin release assay) and antigen assay.

Management of HIT includes discontinuing of any type of heparin and using an alternative anticoagulant as DTIs (liperudin, argatropan, bivalerudin). Warfarin should be delayed pending substantial recovery of the platelet count.

This study was conducted to 100 patients receiving heparin in a variety of clinical settings to asses the prevalence of HIT trying to identify clinical predictors of such complication. To all these patients platelet count every other day from base line to day 14 was done then the 4T score system was applied to all patients.

Only 6 patients developed HIT; 4 of them developed thrombosis and 3 patients died in-hospital due to these thromboebmbolic events.

UFH, surgical treatment and first heparin exposure were the clinical predictors of HIT.

Finally, HIT is a serious and life threatening complication of heparin therapy that should be early diagnosed and properly managed to prevent its thromboembolic complications.