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The increased procoagulant activity is believed to be one of the tors that contribute to the high incidence of premature macro- and croangiopathy and increased morbidity and mortality, attributable to ocardial infarction, nephropathy and retinopathy observed in diabetic ients **(Takada et al., 1993).**

Type II diabetic patients showed enhanced activation of the blood agulation system **(Gabazza et al., 1996).**

Thrombus formation results from disruption of the equilibrium tween prethrombotic and antithrombotic factors that control clotting meostasis. This imbalance may occur due to an ongoing stimulus to ombogenesis, a defect of the natural anticoagulant or fibrinolytic stem. Perturbance of homeostasis has also been implicated in the velopment of microvascular complications such as nephropathy & inopathy in diabetic patients **(Gabazza et al., 1996).**

Hypofibrinolysis is a common finding in patients with diabetes and risk factor for the occurrence of micro- and macroangiopathy **(Kannel al., 1990).**

It has been reported that the plasma levels of TAFI are increased in betic patients, and it may play an important role in the mechanism of ofibrinolysis observed in these patients **(Hori et al., 2002).**

The clinical relevance of the fibrinolytic function in the hogenesis of thrombosis in diabetes is illustrated by the positive relation of hypofibrinolysis with the presence and severity of diabetic hropathy **(Gabazza et al., 1996).**