
Preface

The reader might ask, “Why does the world need another coagulation textbook?” In this time of instant access to medical information on the Internet, indeed, one might ask what is the worth of any textbook, with its inherent publication delay.

Many texts in the field of coagulation lean toward an emphasis on basic science. This text does not do that. The goal of this book is to describe clinical scenarios for which the practicing hematologist or vascular medicine expert (either vascular medicine doctor or vascular surgeon) is consulted for bleeding or clotting issue.

Many of us are very comfortable dealing with the spectrum of bleeding and clotting disorders, and yet, these days, many of us feel more comfortable dealing with one or the other. In fact, at many institutions, there are separate departments of hematology (often overly weighted to the malignant hematology side) and vascular medicine/vascular surgery. The bleeding patients tend to be seen by the hematologists, and the thrombotic patients are more frequently evaluated and treated by the vascular medicine doctors.

There are several disorders that present challenges such that both teams are called to the bedside, and cooperation between these two services leads to the best results. This is especially true for the heparin-associated thrombocytopenia (HIT) patients, who do not recover their platelet counts as one might expect. They may remain on a direct thrombin inhibitor, and day after day, the platelets remain frustratingly low. The vascular medicine doctors will call the hematologists to make sure that there is not some other reason for the thrombocytopenia. Likewise, the severely affected antiphospholipid patient may present with thrombocytopenia and be seen by the hematologists first, and the thrombotic aspect of the disorder will be of more paramount importance, and the hematologist may call the vascular medicine colleague to help. Another common scenario where one service calls the other is when there is a patient with a thrombosis in an unusual location and is first seen by the vascular medicine doctor and work-up suggests a primary hematologic reason for the thrombosis, such as a myeloproliferative disorder or paroxysmal nocturnal hemoglobinuria. That is when the hematologist might be called.

This book is divided into chapters whose titles are the typical reasons we are consulted to see patients. Our non-hematologic colleagues will call us for a patient with a prolonged PT, a prolonged PTT, bleeding with surgery, easy bruising, etc. The reader should look over the chapter headings and realize

that many of the reasons we are consulted are listed there. Also, chapters are devoted to special categories of patients, such as the patient with postoperative bleeding, the patient with thrombosis around catheters, the individual with heparin-induced thrombocytopenia, and the pregnant woman.

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The Coagulation Consult

A Case-Based Guide

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