THE ROLE OF THE HEMOSTASIS SYSTEM IN THE DEVELOPMENT OF COMPLICATIONS OF IMMUNE THROMBOCYTOPENIA

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Analysis of the hemostasis system parameters in patients with immune thrombocytopenia (ITP) made it possible to identify disturbances compared with the control group, characterized by a pronounced decrease in its activity. A reduction in hemostatic system activity in the main group of patients with immune thrombocytopenia was observed due to marked disorders in patients at the peak stage of the disease.

In particular, in the main group of patients with immune thrombocytopenia, compared with the control group, this was manifested by a statistically significant prolongation of bleeding time by 1.85 times (175.0 ± 9.5 s versus 96.97 ± 1.6 s; $p < 0.05$) with normal values of blood clotting time (325.4 ± 2.0 s versus 310.33 ± 2.05 s; $p > 0.05$).

Prolongation of bleeding time was accompanied by a significant decrease in platelet count by 2.2 times (100.1 ± 7.3 × 10^9/L versus 159.8 ± 7.3 × 10^9/L; $p < 0.05$) in the main group.

At the same time, APTT values (30.3 ± 0.2 s versus 30.5 ± 0.28 s; $p > 0.05$) and PTI (95.5 ± 0.90% versus 90.8 ± 1.07%; $p > 0.05$) did not differ from those in the control group.

Fibrinogen levels (3.70 ± 0.20 g/L versus 4.1 ± 0.53 g/L; $p > 0.05$), thromboplastin time (11.00 ± 0.19 s versus 8.9 ± 0.12 s; $p < 0.05$), and factor XIIa–dependent fibrinolysis (8.5 ± 0.5 min versus 6.44 ± 0.15 min; $p < 0.05$) in patients of the main group were also within normal ranges and did not differ significantly from the corresponding values in the control group.

Changes in hemostasis parameters in patients compared with the control group were characterized by a 2.5-fold prolongation of bleeding time (240.2 ± 12.2 s versus 96.97 ± 1.59 s; $p < 0.05$), whereas blood clotting time, although slightly prolonged (330.6 ± 1.5 s versus 310.3 ± 2.05 s; $p < 0.05$), nevertheless remained within normal limits, which is characteristic of immune thrombocytopenia.

Thus, the state of the hemostasis system in immune thrombocytopenia is characterized by a decrease in blood coagulation activity, resulting in clinical manifestations of hemorrhagic syndrome, which depend on the severity of hemostasiological changes. The identified disturbances in the main group of patients with ITP are expressed by a 1.8-fold prolongation of bleeding time ($p < 0.05$), a 2.0-fold reduction in platelet count ($p < 0.05$), a 2.1- and 2.25-fold decrease in platelet aggregation function ($p < 0.05$), and a 1.7-fold reduction in clot retraction ($p < 0.05$), depending on the stage of the

disease. This, in turn, provides evidence for the necessity of hemostasiological studies in predicting dangerous hemorrhagic complications in immune thrombocytopenia.