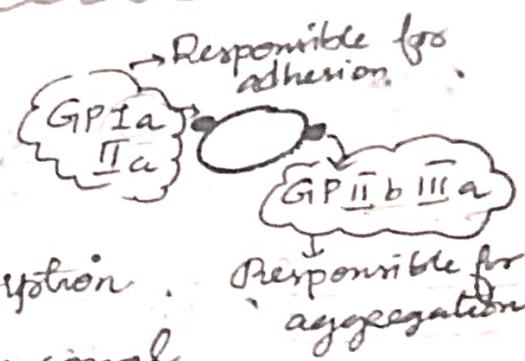


# Thrombosis and Embolism

## Hemostasis:-

- 1) transient vasoconstriction
- 2) 1<sup>o</sup> plug → platelets
- 3) 2<sup>o</sup> plug → coagulation factors
- 4) antithrombotic / clot stabilisation and resorption

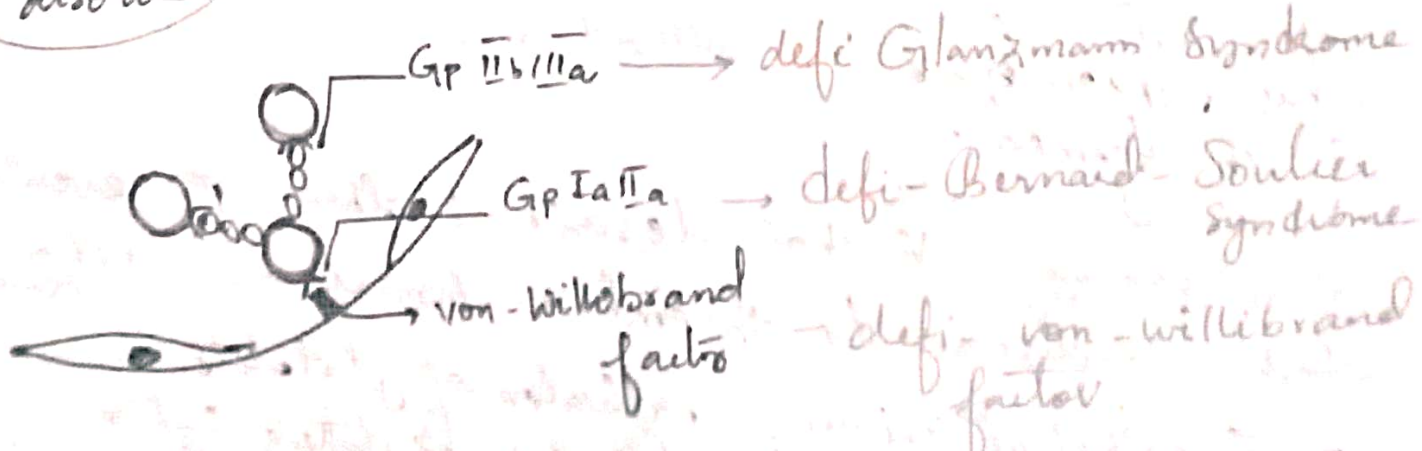


Note: Granules - Dense/α-granules; Lysosomal vesicle.

- |             |                 |
|-------------|-----------------|
| ↓ delta     | ↓               |
| ADP         | fibrinogen      |
| Ca          | factor V & VIII |
| serotonin   | PGIF            |
| Epinephrine | TGIF-13         |
|             | fibronectin     |

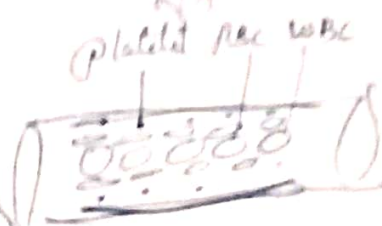
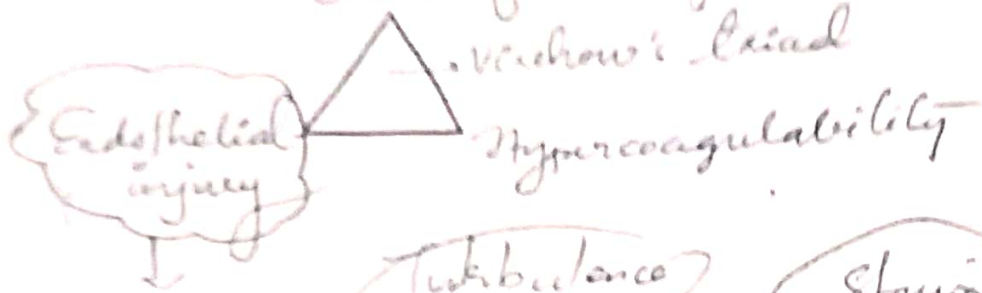
## Disorders of platelet functions

- Bernard-Soulier Syndrome → GPI Ia-IIa absent  
 ↳ problem of bleeding / no adhesion  
 ↳ autosomal recessive disorder
- Glanzmann dx → Gp IIb IIIa → Aggregation  
 ↳ bleeding  
 ↳ aut. recessive disorder





States of blood flow - Altered blood flow



Turbulence

Stasis

arterial & cardiac thrombi

venous thrombi

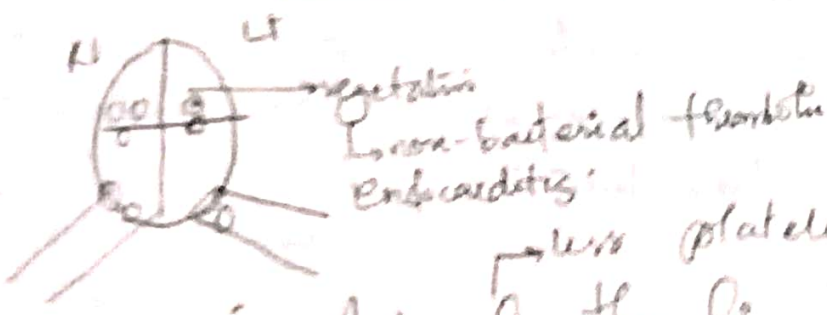
Hypercoagulable states → Hypercoagulability can be defined as any disorder of the blood that predisposes to thrombosis

2 types → Hereditary or 1°  
acquired or secondary

acquired - Prolonged rest, obesity, smoking

Types →

arterial	Cardiac thrombi	white in color
venous		Red in color



Arterial thrombi → white & mural → firm & pale

↳ less platelet → more fibrin

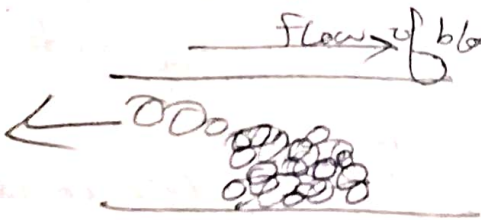
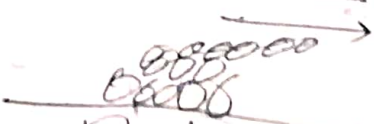
↳ Linner of Zahn Present

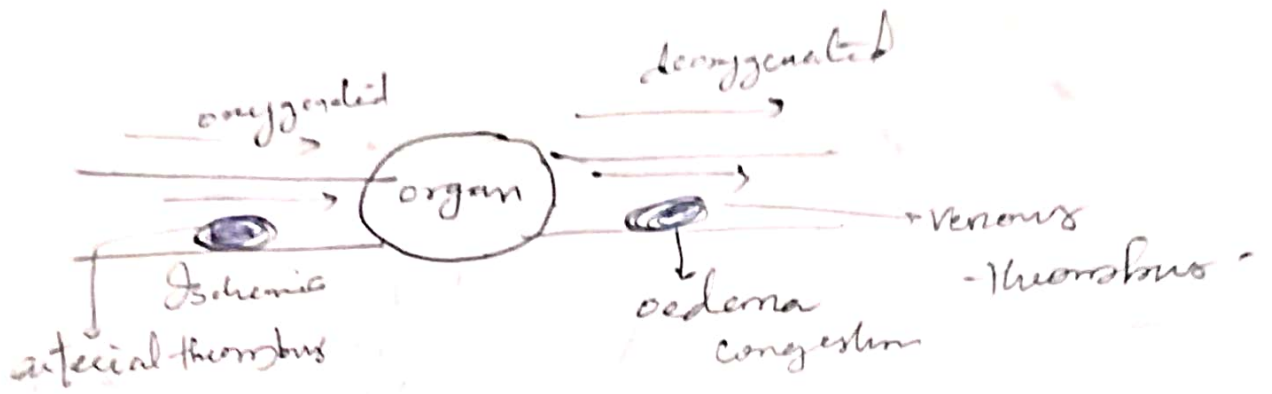
Venous thrombi

Red & occlusive

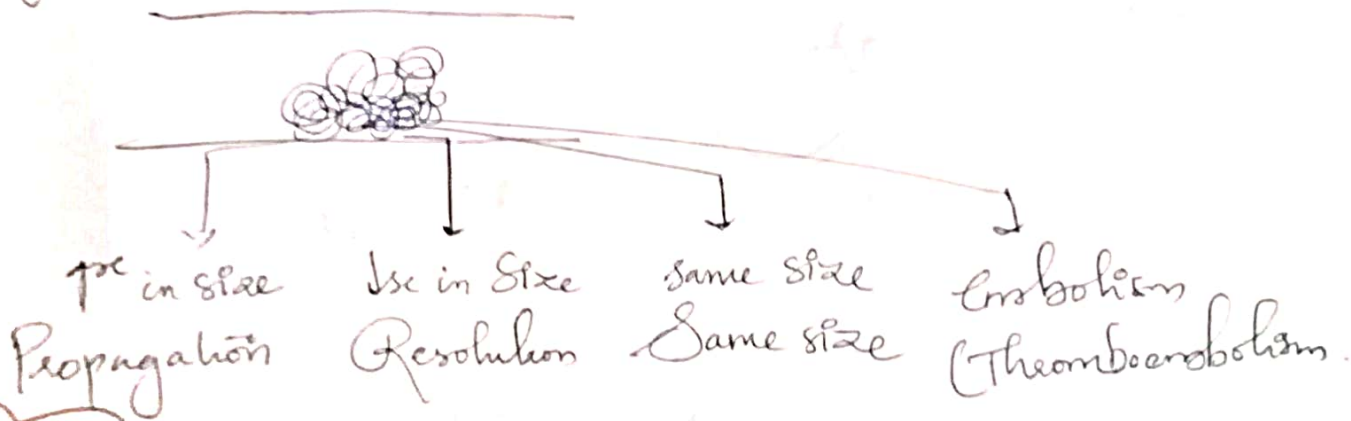
↳ alternate dark and light lines inside the thrombus

lines of Zahn absent

Features	Arterial thrombus	Venous thrombus
Pathogenesis	→ endothelial injury / site of turbulence	→ stasis of blood
Blood flow	→ Abs. with active bf	→ sluggish bf
Sites	→ Coronary, cerebral, femoral arteries CCF	→ Superficial & deep leg veins, Ovarian/peritoneal veins
Propagation	→ Gross in retrograde manner from point of attachment	→ Gross in an antegrade manner from point of attachment
Gross	→ Lines of Zahn Present 	→ Lines of Zahn absent 
M/S	Pale platelet layer alternating with dark red cell layer so also called as white thrombus	Red dls mixed with relatively less platelet so also called as red thrombus.
Occlusion	Incomplete lumen occlusion	Complete vessel occlusion
Complications	Ischemia & infarction of organs.	<u>Emboli</u> Edema



## State of thrombus



## Embolism:

→ Any freely moving mass. S, L, G

80-90% → solid → from thromboembolism

                  ↳ fat embolism

                  → liquid → amniotic fluid embolism

                  ↳ gas → air embolism.

## Types of Emboli

1) type

2) size or not → bland  
                          ↳ septic

3) source

    ↳ cardiac

    ↳ arterial

    ↳ venous

    ↳ lymphatic

4) Blood flow → paradoxical (eg. through patent foramen ovale)

                          ↳ retrograde

                          ↳ venous to arterial via vena

# Thromboembolism (TE)

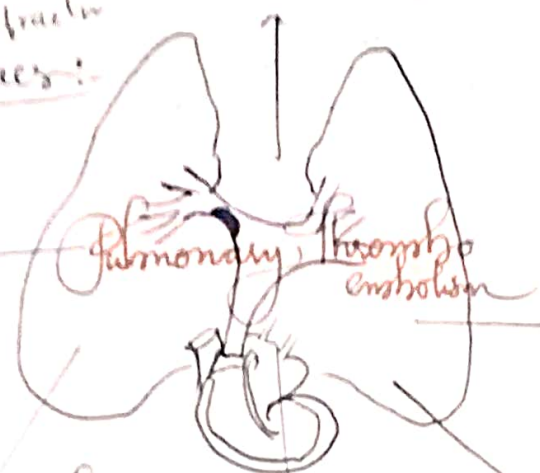
Arterial TE  
Ischemic, infarction  
Consequences:

Acute cor pulmonale

Venous (IE)

If the embolism is large it is impacted at the bifurcations of the main pulmonary artery (saddle embolus).

Sudden Death



pulmonary infection

pulmonary hemorag

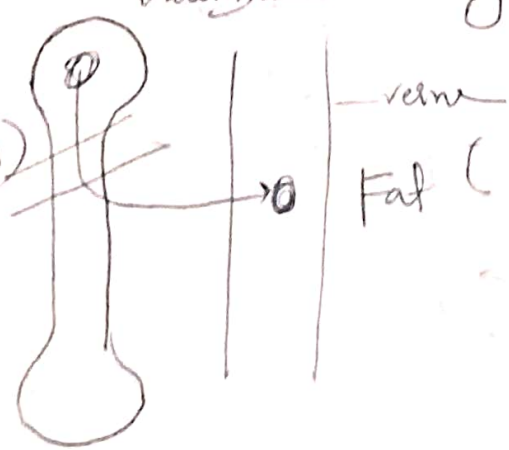
Resolve

Pul. hypertension, chronic cor pulmonale & pul. arteriosclerosis

## Fat embolism :-

Traumatic Theory (Mechanical & heavy)

Non-traumatic theory (Emulsion stability theory)  
lipid profile altered



→ extensive burns

→ Diabetes M

→ fatty liver

→ Pancreatitis

→ Sickle cell anemia

→ Decompression sickness

→ Inflamm of bones & soft tissues

→ extensive fat or oil introduced into the body

→ Hyperlipidaemia → Cardiopulmonary bypass surgery

- Systemic fat embolism; Brain
- Kidney
- Dein - Pulmonary fat embolism.

Tat stain → Sudan black  
Oil red O.

### Gas Embolism

origin - operation on the head and neck & trauma