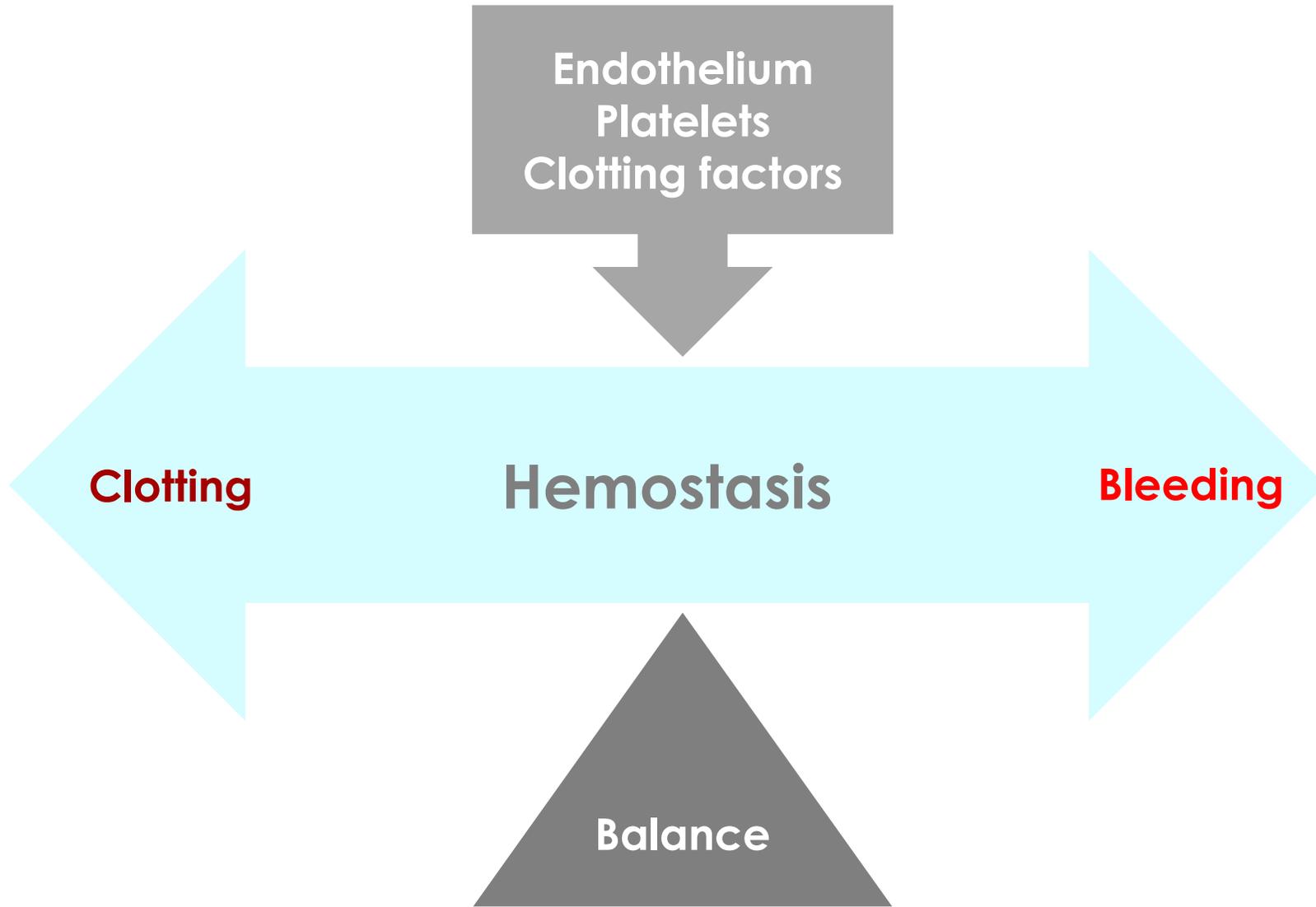




Hemodynamic Disorders III

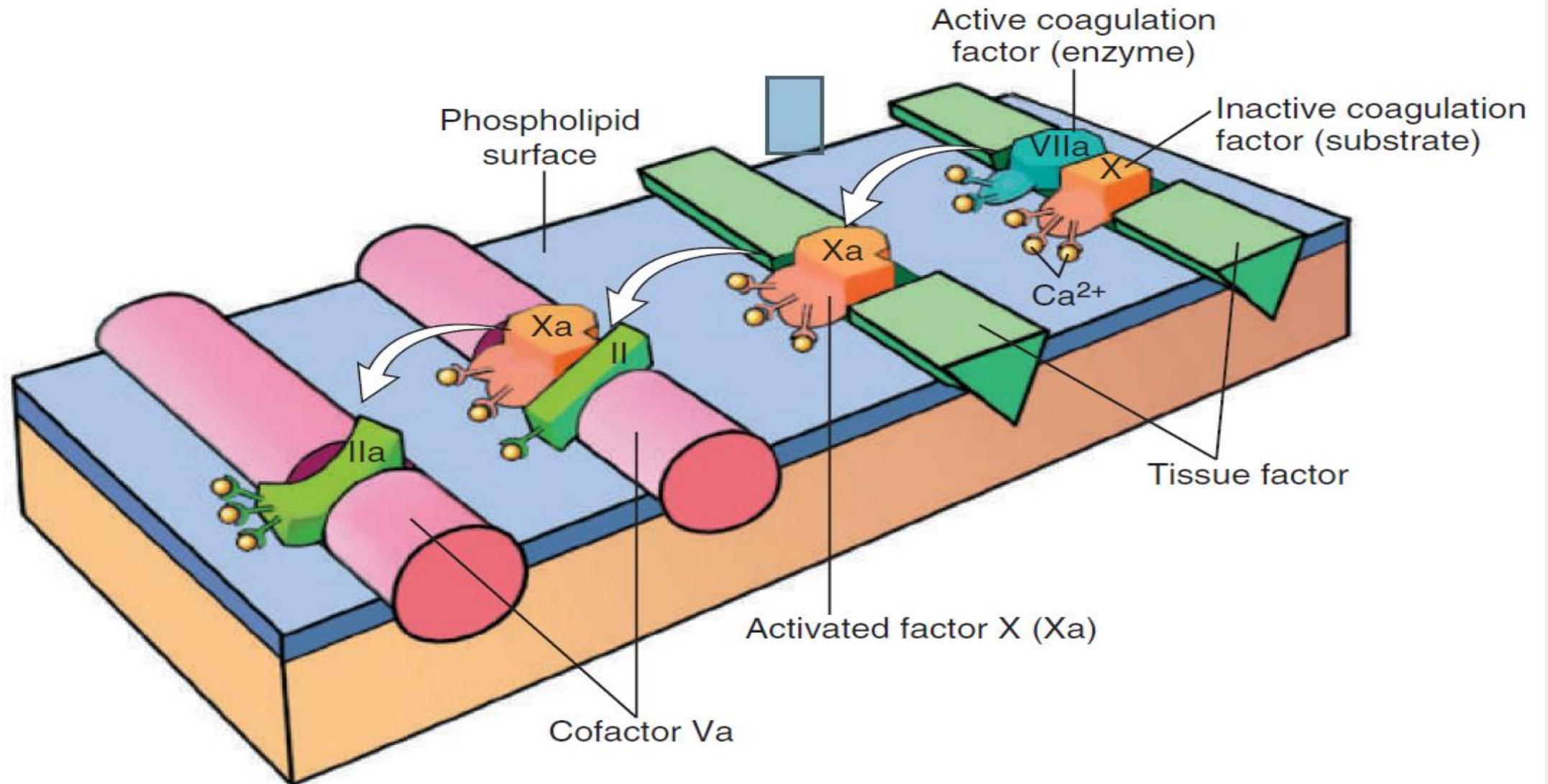
Haemostasis (coagulation factors and endothelium)

Ghadeer Hayel, M.D.
Assistant Professor of Pathology
Consultant Hematopathologist
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Coagulation Cascade

- ❑ It is a series of amplifying enzymatic reactions that lead to the deposition of an insoluble fibrin clot.
- ❑ In each reaction step there is : an **enzyme** (an **activated coagulation** factor), a **substrate** (an **inactive proenzyme** form of a coagulation factor), and a **cofactor** (a **reaction accelerator**).
- ❑ These components are assembled on a **negatively charged phospholipid surface**, which is provided by activated platelets.
- ❑ Assembly of reaction complexes also depends on **calcium**, which binds to γ -carboxylated glutamic acid residues that are present in **factors II, VII, IX, and X**.
- ❑ The enzymatic reactions that produce γ -carboxylated glutamic acid use **vitamin K as a cofactor**.
- ❑ These reactions are antagonized by drugs such as Coumadin (warfarin), a widely used **anti-coagulant**.



Blood Clotting Factors

Factor Number	Common Name
I	Fibrinogen
II	Prothrombin
III	Tissue Factor
IV	Ca ²⁺
Va	Proaccelerin
VII	Proconvertin
VIII	Antihemophilic Factor
IX	Christmas Factor
X	Stuart Factor
XI	Plasma thromboplastin antecedent
XII	Hageman factor
XIII	Fibrin Stabilizing Factor

- Usually referred to by number (except prothrombin, Ca²⁺, TF and fibrinogen)
- Numbers written as Roman numerals
- 12 known procoagulants
- Activated when collagen, tissue factor or negatively charged surfaces are exposed

Based on assays performed in clinical laboratories, the coagulation cascade has traditionally been divided into the *extrinsic* and *intrinsic* pathways



The *prothrombin time* (PT)

Assess proteins in the *extrinsic pathway* (factors VII, X, V, II (prothrombin), and fibrinogen).

tissue factor, phospholipids, and calcium are added to plasma and the time for a fibrin clot to form is recorded.

The *partial thromboplastin time* (PTT)

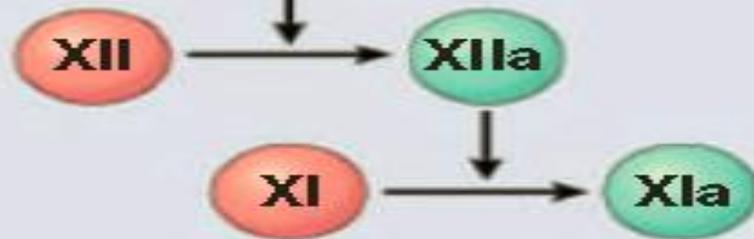
Screens the function of the proteins in the *intrinsic pathway* (factors XII, XI, IX, VIII, X, V, II, and fibrinogen).

addition of negative charged particles (e.g., ground glass) that activate factor XII (Hageman factor) together with phospholipids and calcium.

CLOTTING IN THE LABORATORY

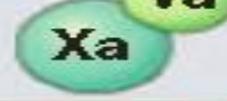
Intrinsic pathway

Negatively charged surface
(e.g., glass beads)



Extrinsic pathway

Tissue factor



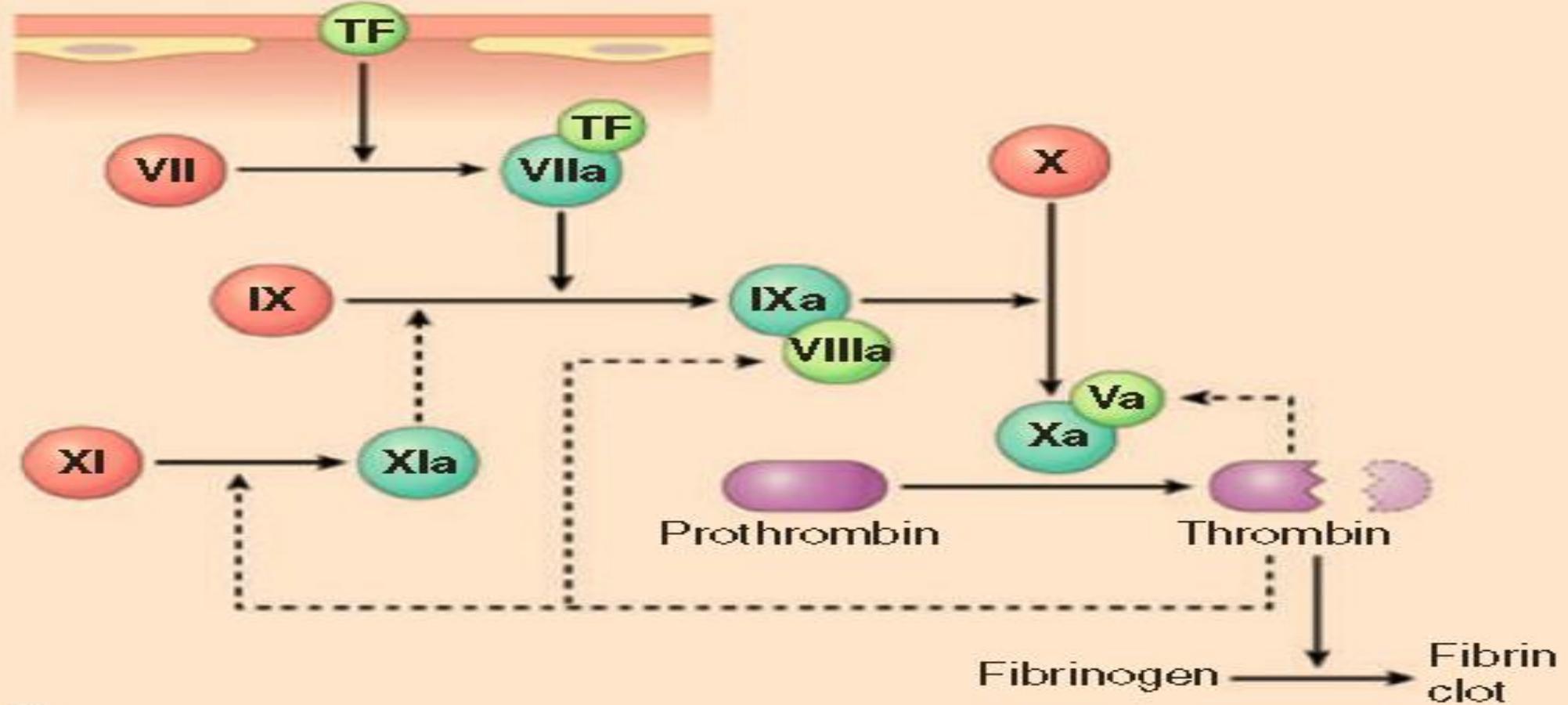
Fibrinogen

Fibrin|
clot

A

CLOTTING IN VIVO

Vascular damage
Exposure of tissue factor



B

Intrinsic Pathway
of Blood Clotting

Extrinsic Pathway
of Blood Clotting

Prothrombin activator (Factor X)

Ca^{2+}

Prothrombin

Thrombin

Fibrinogen

Fibrin Monomers

Ca^{2+} and Fibrin
stabilizing factor

Fibrin polymer
(Blood Clot)

Common pathway

Xa with V, Calcium and phospholipid convert prothrombin (II) to thrombin (IIa)

“Prothrombinase complex” occurs on platelet surface

Thrombin has many substrates both procoagulant (positive feedback loop) and anticoagulant (negative feedback)

Extrinsic pathway

Precipitating event is exposure of tissue factor to blood

Tissue factor is a membrane protein which acts as cofactor for VIIa

Phospholipid, tissue factor and VIIa cleaves X → Xa

Intrinsic pathway

Independent of VII

Contact activation of XII activates XI

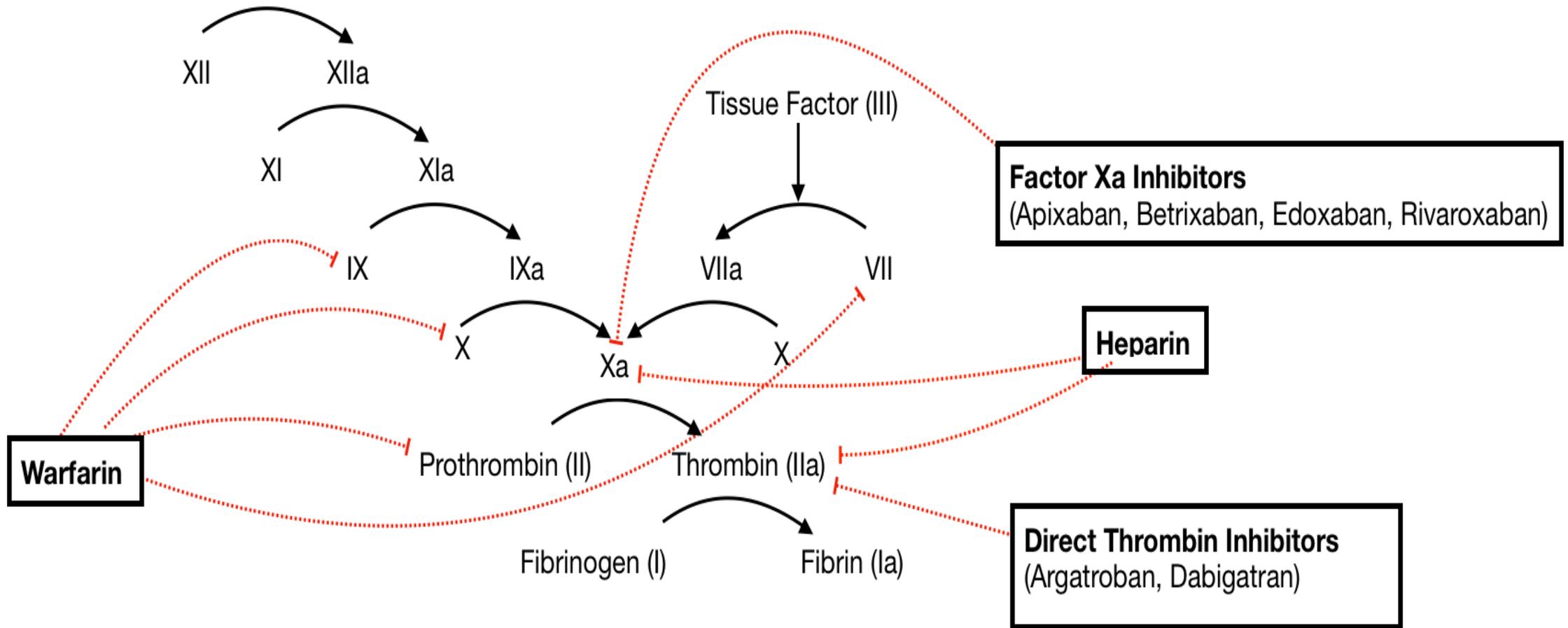
In lab =contact to negatively charged surfaces (kaolin, celite, silica)

XIa activates IX

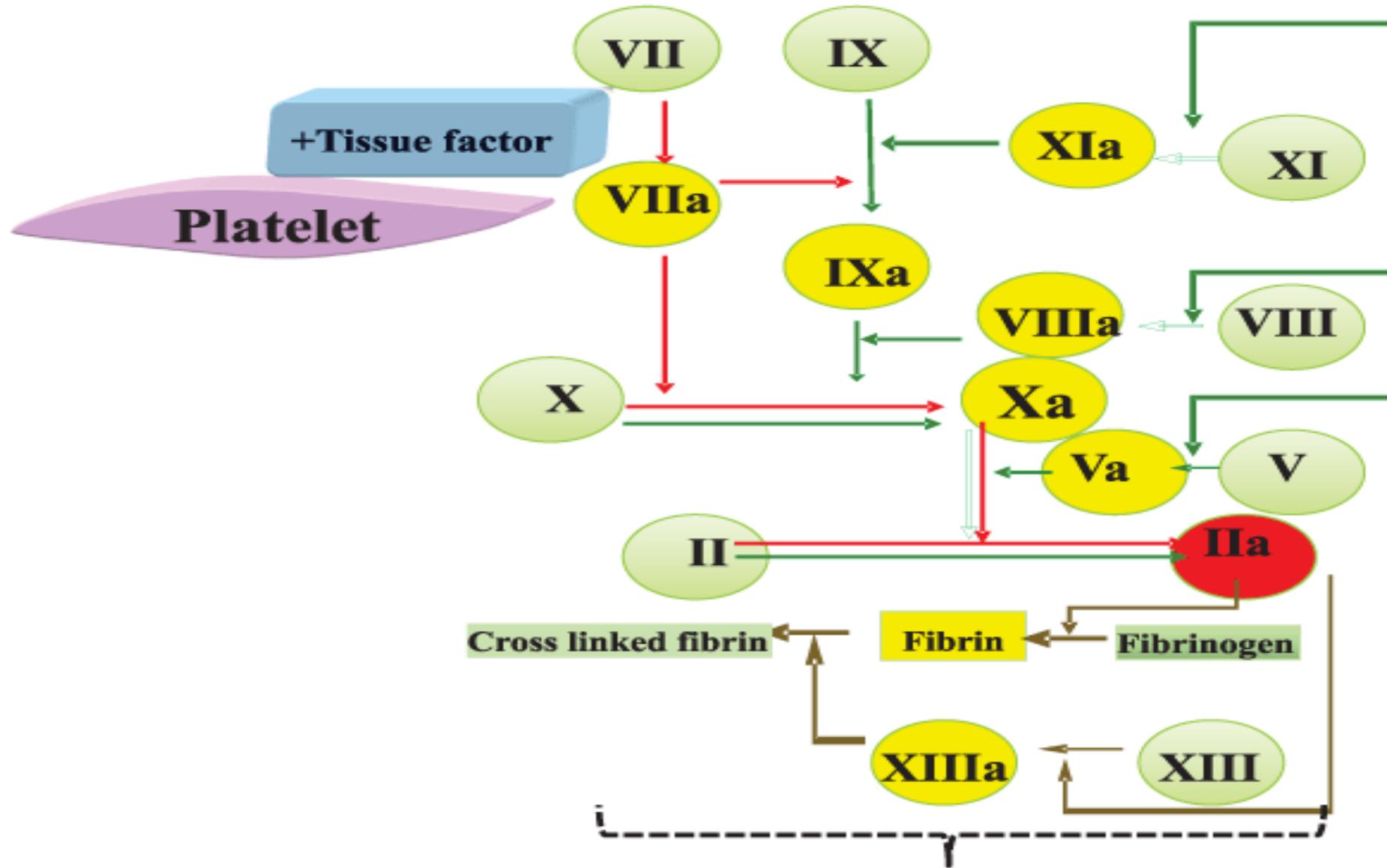
IXa with VIII can activate X

Intrinsic Pathway

Extrinsic Pathway



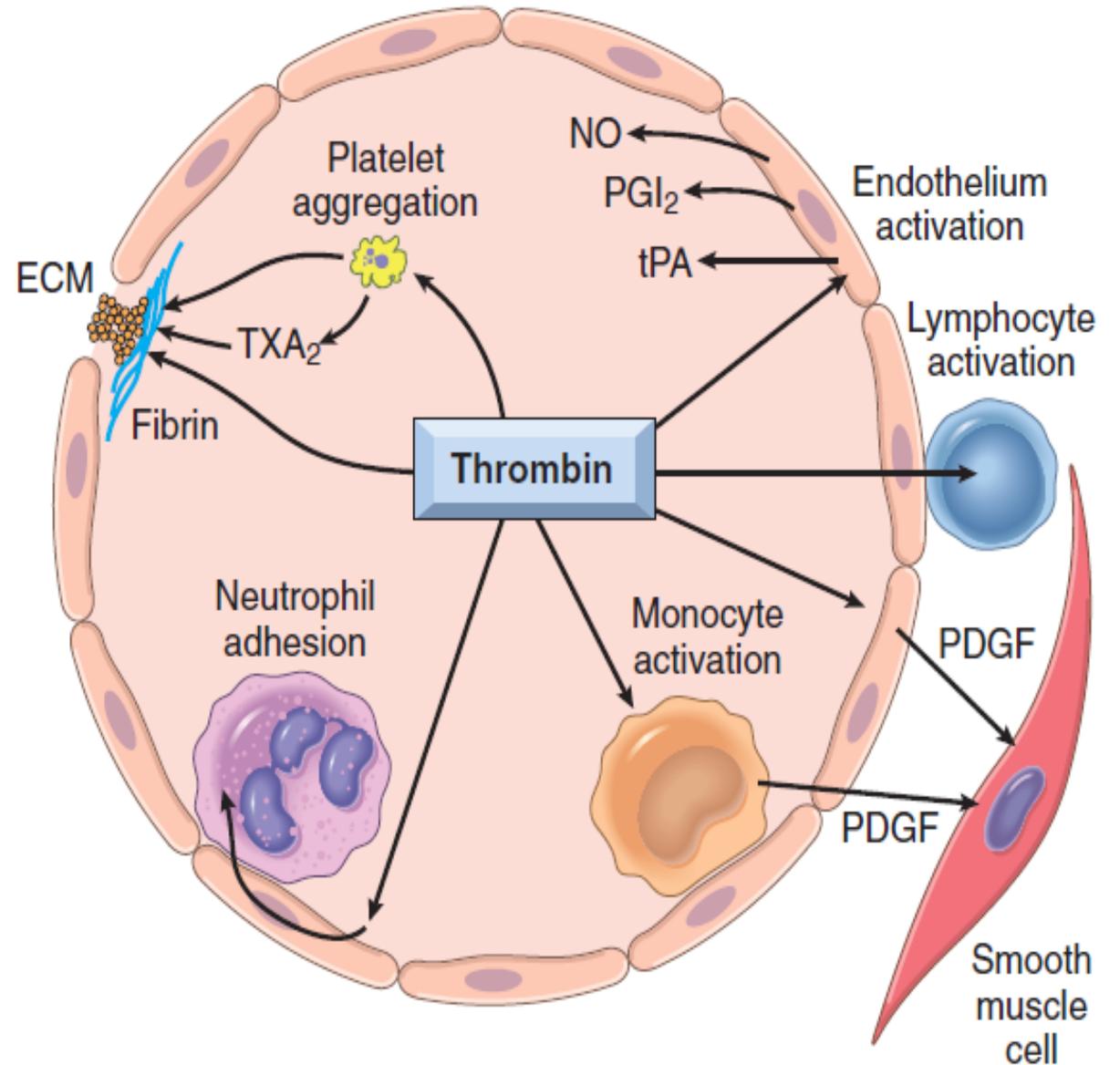
- **Deficiencies of factors V, VIII, IX, X and VII are associated with moderate to severe bleeding disorders.**
- **Prothrombin** deficiency is likely **incompatible with life**.
- In contrast, **factor XI deficiency** is only associated with **mild bleeding**, and individuals with **factor XII deficiency do not bleed** and in fact may be susceptible to thrombosis.
- Based on the effects of various factor deficiencies in humans, it is believed that, **in vivo**, **factor VIIa/tissue factor complex is the most important activator of factor IX and that factor IXa/factor VIIIa complex is the most important activator of factor X.**
- The mild bleeding tendency seen in patients with factor XI deficiency is likely explained by the ability of thrombin to activate factor XI (as well as factors V and VIII), a feedback mechanism that amplifies the coagulation cascade.



Thrombin

factor IIa

Among the coagulation factors, thrombin is the most important, because its various enzymatic activities control diverse aspects of hemostasis and link clotting to inflammation and repair.



Among thrombin's most important activities:

- **Conversion of fibrinogen into crosslinked fibrin monomers, directly**, that polymerize into an insoluble fibril.
- **Amplifies the coagulation process**, not only by activating factor XI, but also by activating two critical **cofactors factors V and VIII**. It also stabilizes the secondary hemostatic plug by activating **factor XIII**, which covalently crosslinks fibrin.
- **Platelet activation**. Thrombin is a potent inducer of platelet activation and aggregation through **its ability to activate PARs** (protease-activated receptors)
- **Proinflammatory effects**. PARs also are expressed on inflammatory cells, endothelium, & other cell types, so activation of these receptors mediate proinflammatory effects that contribute to tissue repair and angiogenesis.
- **Anti-coagulant effects**: *in* normal endothelium, changes from a procoagulant to an anticoagulant (prevents clots from extending beyond the site of the vascular injury).

Factors That Limit Coagulation

Once initiated, coagulation must be restricted to the site of vascular injury to prevent harmful consequences:

- + One limiting factor is **simple dilution**; blood flowing past the site of injury washes coagulation factors.
- + Second is the **requirement for negatively charged phospholipids**, mainly provided by platelets.

Cont ..Factors That Limit Coagulation

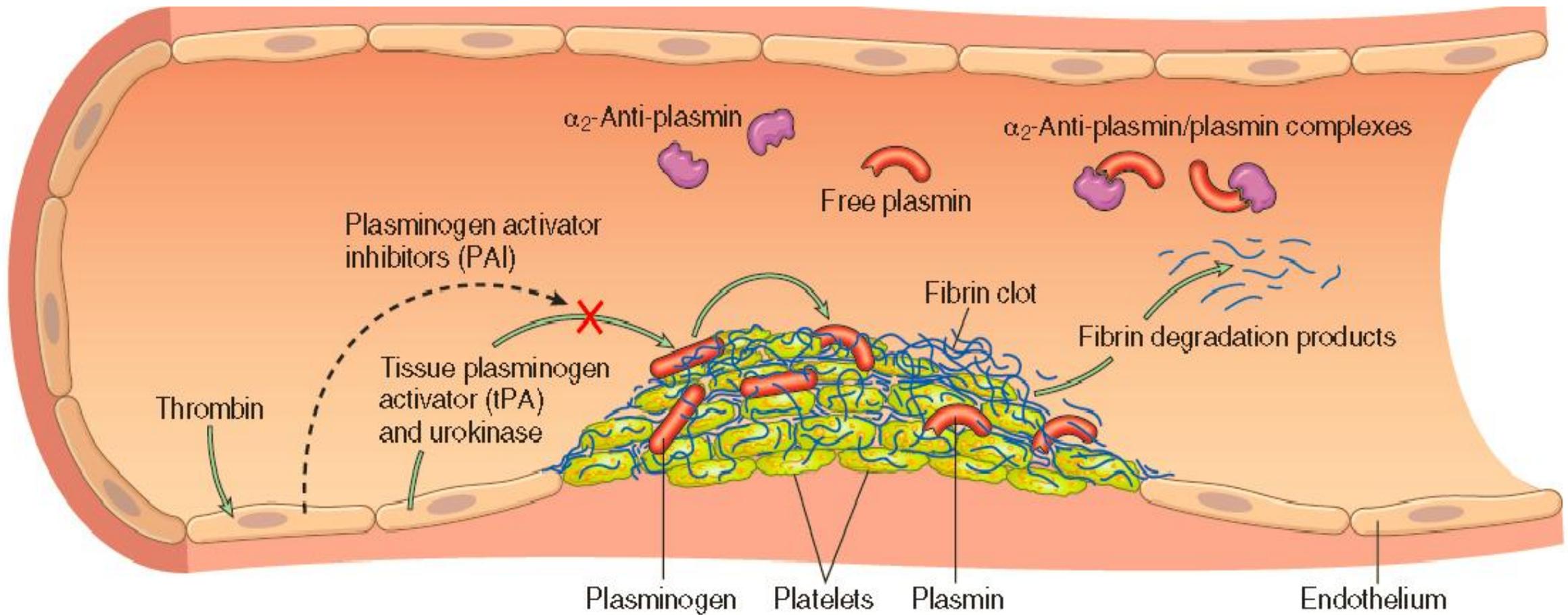
+ **Activation of fibrinolytic cascade** that limits the size of the clot & contributes to its later dissolution.

plasmin: enzyme that breaks down fibrin & interferes with its polymerization.

*An elevated level of breakdown products of fibrinogen (fibrin split products **mostly D-dimers**) are a useful clinical markers of several thrombotic states.*

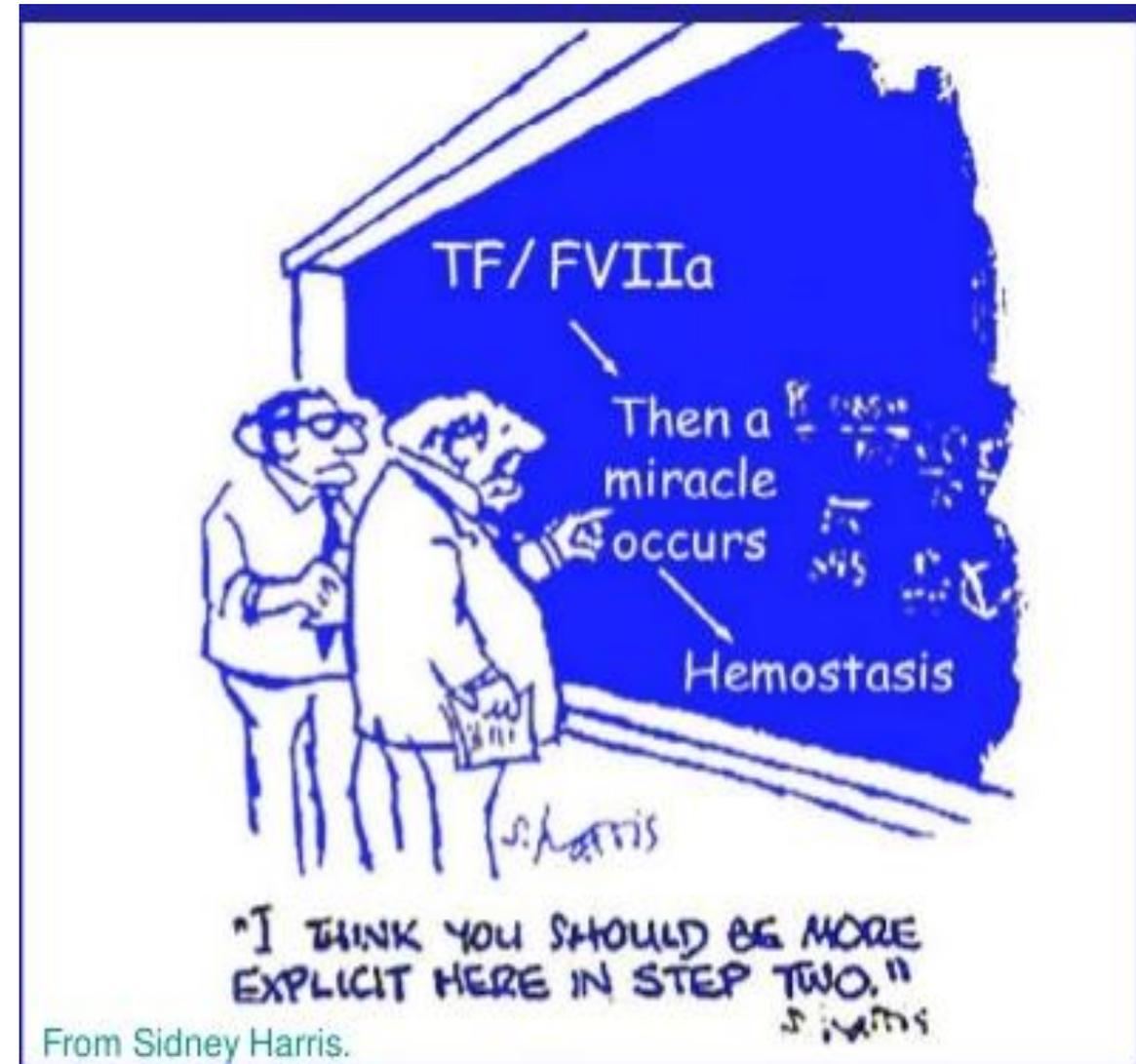
Plasmin is generated by enzymatic catabolism of the inactive circulating **precursor plasminogen**:

- + by a factor XII-dependent pathway (Remember: XII deficiency & thrombosis)
- + or by plasminogen activators. **The most important plasminogen activator is t-PA**; it is synthesized principally by endothelium.
- Fibrinolytic activity is largely confined to sites of recent thrombosis → plasmin is tightly controlled by counter regulatory factors such as **α₂-plasmin inhibitor**.



Site	Thrombogenic	Antithrombogenic
Vessel wall	Exposed endothelium	Heparin
	TF	Thrombomodulin
	Collagen	Tissue plasminogen activator
Circulating elements	Platelets	Antithrombin
	Platelet activating factor	Protein C and S
	Clotting factor	Plasminogen
	Prothrombin	
	Fibrinogen	
	vWF	

vWF – Von Willebrand factor; TF – Tissue factor



From Sidney Harris.

Endothelium

- + The balance between the anticoagulant & procoagulant activities of endothelium often determines whether clot formation, propagation, or dissolution occurs.
- + **Normal** endothelial cells express a multitude of factors that inhibit the procoagulant activities of platelets & coagulation factors & that augment fibrinolysis, they act in concert to prevent thrombosis & to limit clotting to sites of vascular damage.

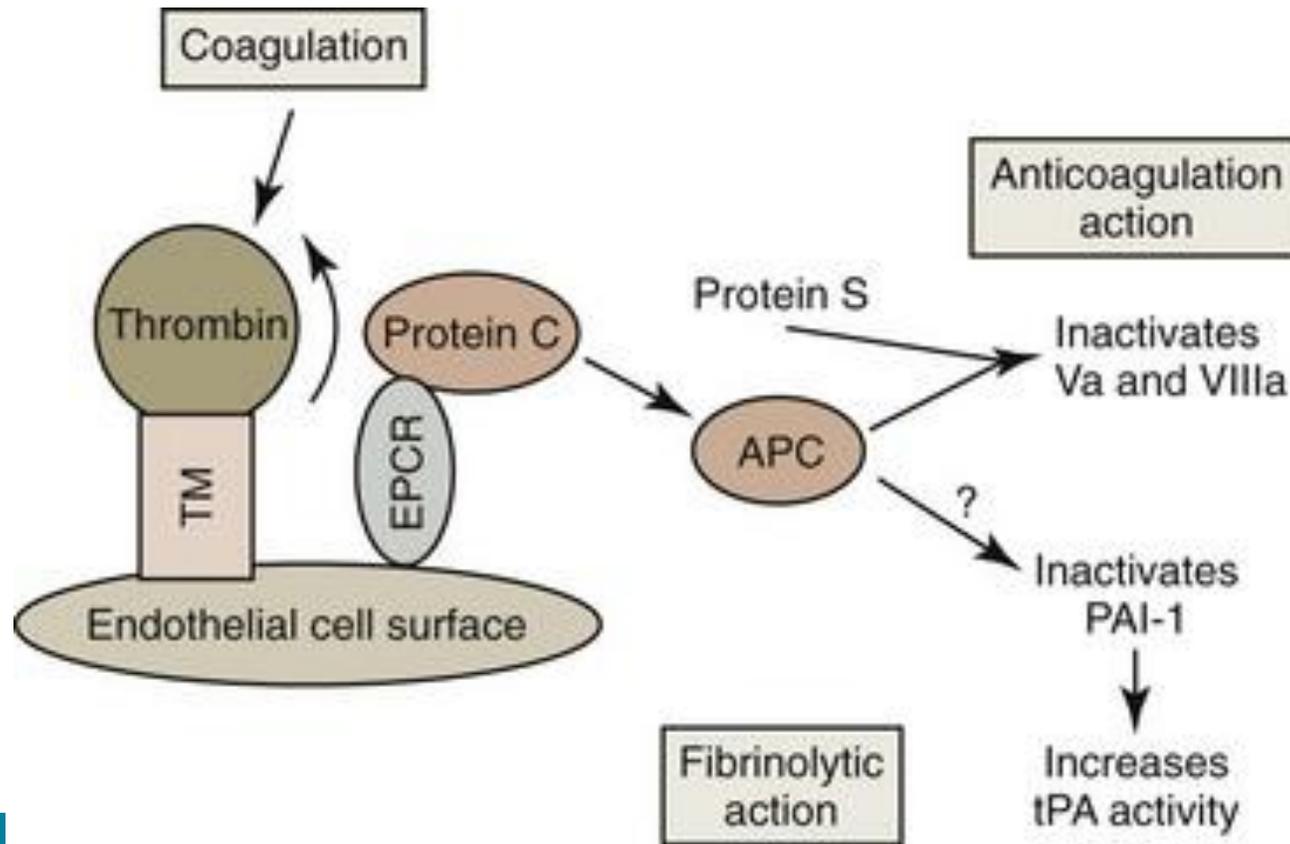
The antithrombotic properties of endothelium:

• Platelet inhibitory effects.

- + Intact endothelium serves as a barrier that shields platelets from **subendothelial vWF & collagen**
- + Releases factors that inhibit platelet activation and aggregation; **prostacyclin (PGI₂), nitric oxide (NO), and adenosine diphosphatase** (degrades ADP)
- + Endothelial cells bind and alter the activity of thrombin, which is one of the most potent activators of platelets.

• Anticoagulant effects.

- + intact endothelium shields coagulation factors from tissue factor in vessel walls.
- + expresses multiple factors that actively oppose coagulation; **thrombomodulin, endothelial protein C receptor, heparin-like molecules, and tissue factor pathway inhibitor.**



+ Thrombomodulin and endothelial protein C receptor bind thrombin and protein C, respectively, in a complex on the endothelial cell surface.

+ thrombin loses its ability to activate coagulation factors and platelets.

+ thrombin cleaves & activates protein C instead,

Protein C: a vitamin K-dependent protease that requires a cofactor → protein S.

+ Activated **protein C/protein S complex** is a potent inhibitor of coagulation factors Va and VIIIa.

Cont.. The antithrombotic properties of endothelium:

+ Heparin-like molecules on endothelium surface bind and activate **antithrombin III, which then inhibits thrombin and factors IXa, Xa, XIa, and XIIa.**

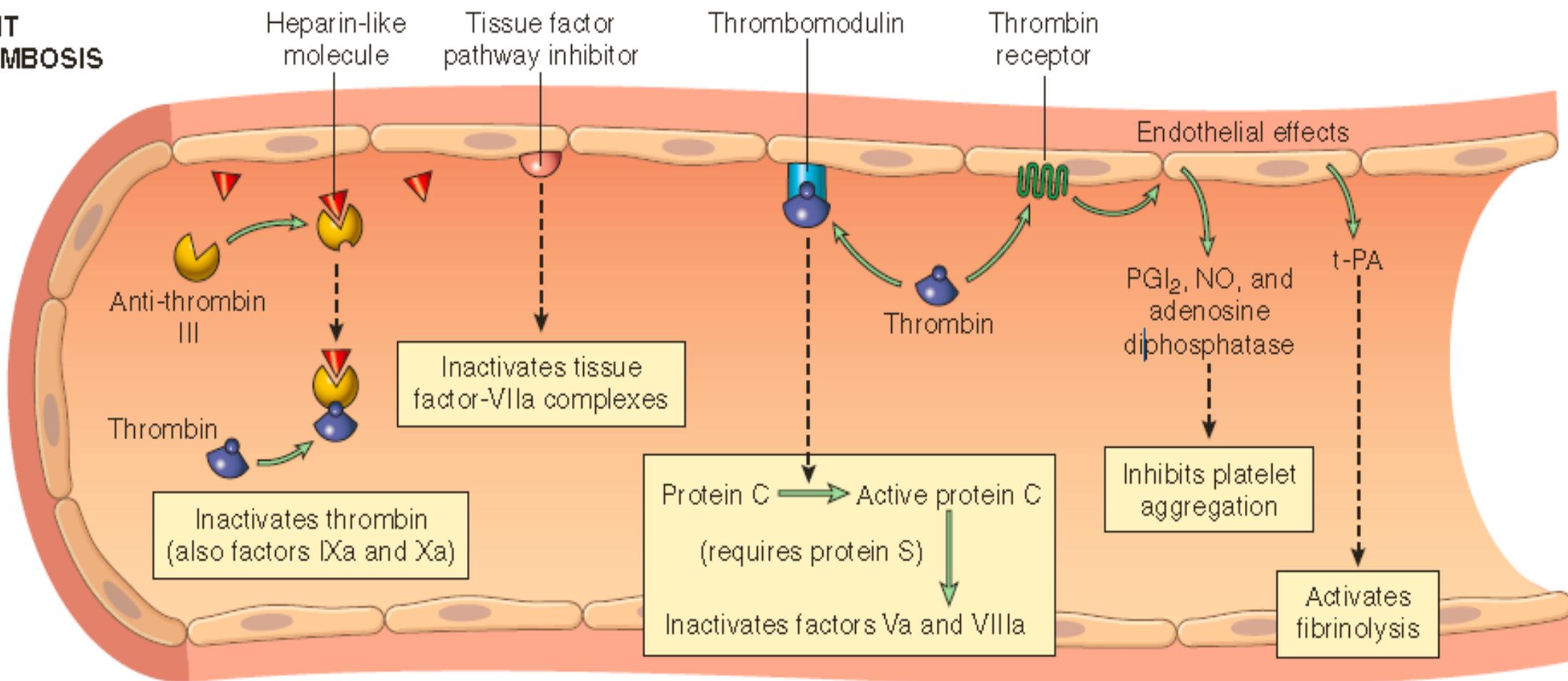
The clinical utility of heparin and related drugs is based on their ability to stimulate antithrombin III activity.

+ Tissue factor pathway inhibitor (TFPI), like protein C, requires protein S as a cofactor, to bind and inhibit tissue factor/factor VIIa complexes.

- **Fibrinolytic effects.**

Normal endothelial cells synthesize t-PA, as a key component of the fibrinolytic pathway.

INHIBIT THROMBOSIS





THANK YOU