

Heparin-Induced Thrombocytopenia

Why it matters

- A rare and serious adverse drug reaction that increases a patient's risk of developing venous or arterial thromboembolism, which may be limb- or life-threatening
- Suspected heparin-induced thrombocytopenia (HIT) cases in hospitalized patients is the most frequently requested hematologist consult by other physicians.
- HIT can lead to amputation or death – for every day treatment is delayed, there is a ~6% risk of new thrombosis, amputation, and death.
- HIT is frequently misdiagnosed and over diagnosed.
- 12 million U.S. patients receive heparin each year up to 1% of whom will develop HIT.

Who it affects

- Surgical patients most commonly, especially those undergoing cardiac surgery
- Hospitalists, surgeons, and cardiologists

What are the highlights

- Using a clinical scoring system, the 4Ts score, rather than a gestalt approach will improve the accuracy of diagnosis and patient outcomes.
- Treatment options include not only conventional agents such as argatroban, bivalirudin, and danaparoid, but also newer agents such as fondaparinux and the direct oral anticoagulants.

Total number of panel recommendations: 32