

When is THROMBOPHILIA TESTING (HYPERCOAGULABLE WORK-UP) Indicated?

PRACTICE POINTS: Thrombophilia testing = Hypercoagulable work-up (estimated cost \$1000.)
 Acquired: lupus inhibitor, antiphospholipid antibodies (IgG, IgM)=APLA, +/-high FVIII levels?
 Inherited: Factor V Leiden, Prothrombin mutation, Protein C, S and antithrombin deficiency

WHEN IS THROMBOPHILIA TESTING INDICATED?

1. When the results will influence the management of the patients or their family **OR**
2. Patients' preference for knowledge (after informed consent.)

***Unprovoked or Idiopathic:** indicates that no alternative explanation for clot AFTER appropriate history, physical and work up has been completed (depending on the clinical situation) – see examples of possible explanations/risk factors as listed below

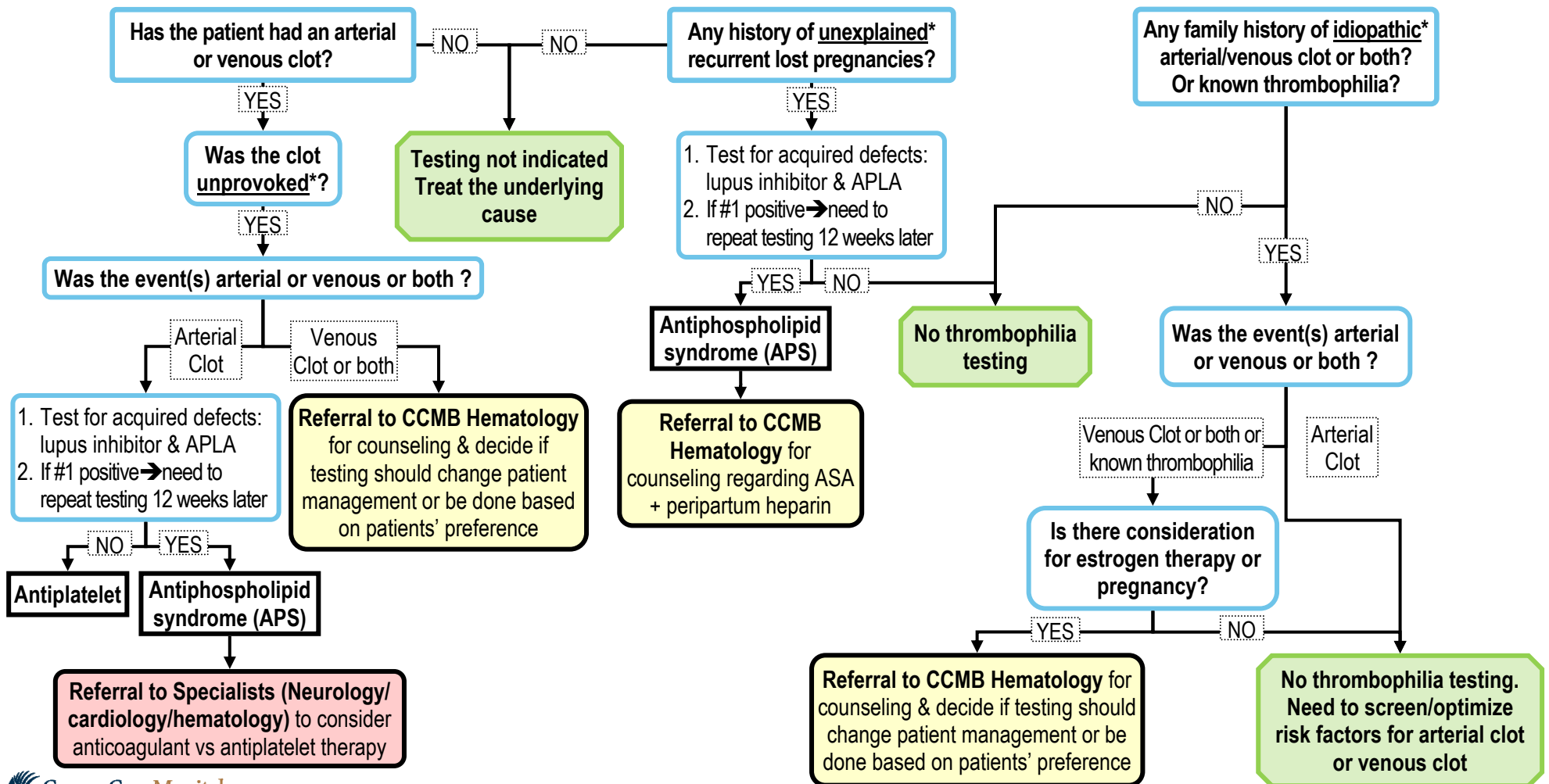
Recognized Causes of Arterial clot:

- atherosclerosis (age, smoking, hypertension, hypercholesterolemia, diabetes, calcified aorta etc)
- cardioembolic (arrhythmia, left ventricular clot, structural cardiac disease)
- Other secondary causes (heparin induced thrombocytopenia, paroxysmal hemoglobinuria, vasculitis, OCP, etc)

Recognized Causes of Venous clot:

-Major provoked events: post operative state or trauma (within 4 weeks), immobilization (casting, hospitalization, bed ridden), active cancer/ chemotherapy drugs (esp. estrogen containing contraception, HRT)

Recurrent pregnancies lost: >3 first trimester losses or 1 or more stillbirth (spontaneous, normal anatomy, no chromosomal anomalies or infection)



Rationale for Referral and Decisions Made for THROMBOPHILIA TESTING

