

Table I. Differential diagnosis of disseminated intravascular coagulation (DIC)

	Acute DIC
Pathophysiology	Increased circulating free thrombin and plasmin
Clinical Situation	Bleeding and/or thrombosis
PT/PTT/ TT	Prolonged
Platelets	Low
FDP/ D-dimer	Very high
Key Clinical Features	Underlying cause always present
Key Therapeutic Considerations	Find and treat underlying cause
	HELLP
Pathophysiology	Placental ischemia
Clinical Situation	No bleeding; may be associated with preeclampsia
PT/PTT/ TT	Normal
Platelets	Low
FDP/ D-dimer	Mildly increased
Key Clinical Features	Pregnancy and increasing LFTs
Key Therapeutic Considerations	Evacuation of uterus
	TTP
Pathophysiology	Impairment of ADAMTS13 and increased ULVWF
Clinical Situation	No bleeding; systemic microvascular thrombosis
PT/PTT/ TT	Normal
Platelets	Very low
FDP/ D-dimer	Minimally increased
Key Clinical Features	Typically 5-10% schistocytes, rising creatinine and LDH, and altered mental status
Key Therapeutic Considerations	Therapeutic plasma exchange
	HIT
Pathophysiology	Antiplatelet antibodies secondary to heparin/LMWH
Clinical Situation	No bleeding; systemic microvascular thrombosis
PT/PTT/ TT	Normal
Platelets	Very low (or declining)
FDP/ D-dimer	Minimally increased
Key Clinical Features	Falling platelet count, recent exposure to heparin, and positive test for heparin-

Key Therapeutic Considerations

associated platelet antibodies
Cessation of heparin or LMWH. Thrombin neutralization with argatroban or fondaparinux

TS/ CAPS

Pathophysiology

Extreme acute hypercoagulability simultaneously at multiple sites

Clinical Situation

Acute multi-system failure; far more thrombotic than hemorrhagic

PT/PTT/ TT

Normal

Platelets

Moderately low to normal

FDP/ D-dimer

Mildly increased

Key Clinical Features and LA

May have or had evidence for SLE, ACLAs,

Key Therapeutic Considerations

Aggressive anticoagulation and possibly plasmapheresis and high dose steroids

Key: Platelet counts very low = 10,000-40,000/mm³; low 40,000-70,000/mm³; moderately low-normal = 70,000-normal.

PT = prothrombin time; PTT = partial thromboplastin time; TT = thrombin time; FDP = fibrin degradation products; HELLP = Hemolysis, Elevated Liver function tests, Low Platelets; LFT = liver function tests; TTP = thrombotic thrombocytopenic purpura; ADAMTS13 = a disintegrin and metalloproteinase with thrombospondin components; ULVWF = ultralarge von Willebrand factor multimers; LDH = lactate dehydrogenase; HIT = heparin-induced thrombocytopenia; LMWH = low molecular weight heparin; TS/CAPS = thrombotic storm/catastrophic anti-phospholipid syndrome; SLE = systemic lupus erythematosus; ALCA = anti-cardiolipin antibodies; LA = lupus anticoagulant.

(Adapted from Labelle C, Kitchens CS. Consultative Hemostasis and Thrombosis, 2nd ed. Philadelphia: Elsevier; 2007)