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The role of heparin in pregnancy

Salvatore Andrea Mastroli



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International Fellowship Program 2013-2015 Soroka University Medical Center Ben Gurion University of the Negev Beer Sheva - Israel





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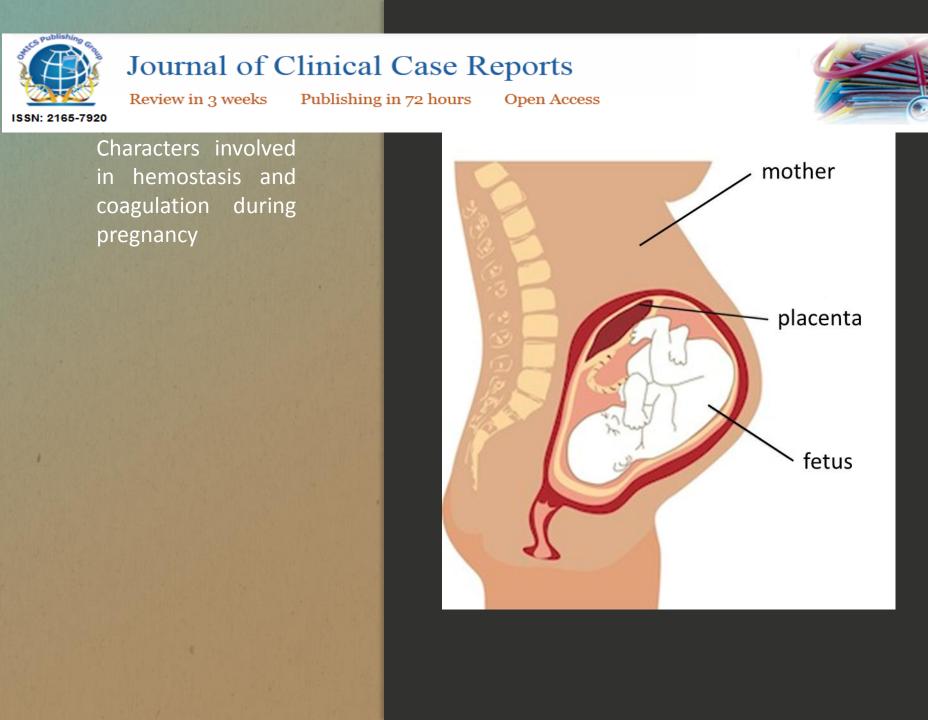
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Research interest

- 1. Mechanisms of disease in the Great Obstetrical Syndromes
- 2. The use of heparins in the primary and secondary prevention of the Great Obstetrical Syndromes
- 3. Evaluation of the pathways on which heparins exercise their activity
- 4. Study of hemostatic changes in normal pregnancy and pregnancy complications





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SSN: 2165-7920

Maternal changes in the coagulation system during normal prgnancy

Changes in procoagulant molecules

2 to 3-fold increase in fibrinogen concentrations

Increase in factors VII, VIII, IX, X, and XII, all of which peak at term

vWF increase up to 400% by term

Labor at term increases significantly the maternal plasma immunoreactive TF concentration in comparison to the non-pregnant state

Increased thrombin generation, as determined by the elevation of maternal concentrations of fibrinopeptide A, prothrombin fragments (PF) 1 and 2, and thrombin-antithrombin (TAT) III complexes

Changes in anticoagulant molecules

Free protein S concentration declines significantly (up to 55%) during pregnancy (Increase resistance to activated protein C)

The concentrations of PAI-1 increase by 3 to 4-folds during pregnancy while plasma PAI-2 values, negligible before pregnancy, reaches concentrations of 160 mg/L at delivery

Normal pregnancy is characterized by an increased plasma concentration of protein Z, probably as a compensation for the increase of factor X concentration.





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Maternal changes in the coagulation system during normal prgnancy



Reduced anticoagulant mecanisms

> Reduced fibrinolysis



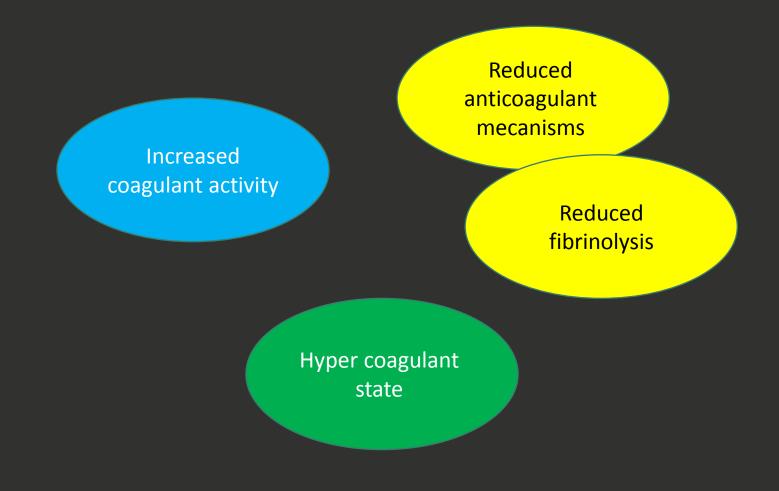


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Maternal changes in the coagulation system during normal prgnancy







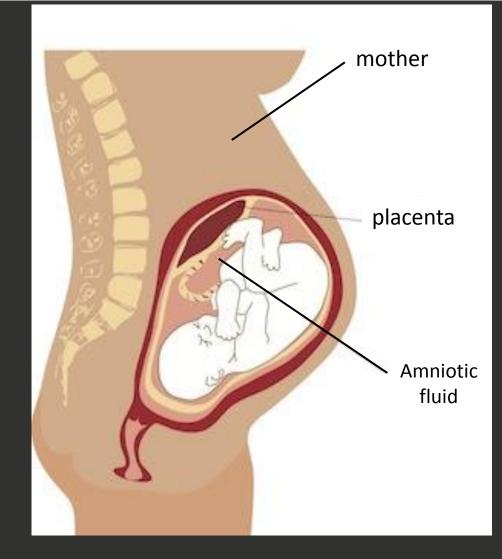
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Changes in the hemostatic system associated with obstetrical complications





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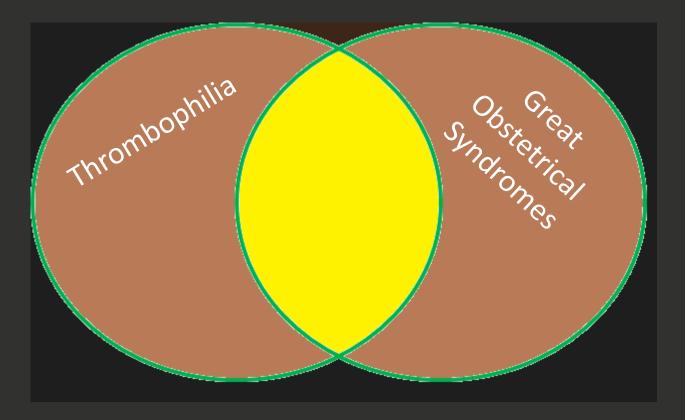
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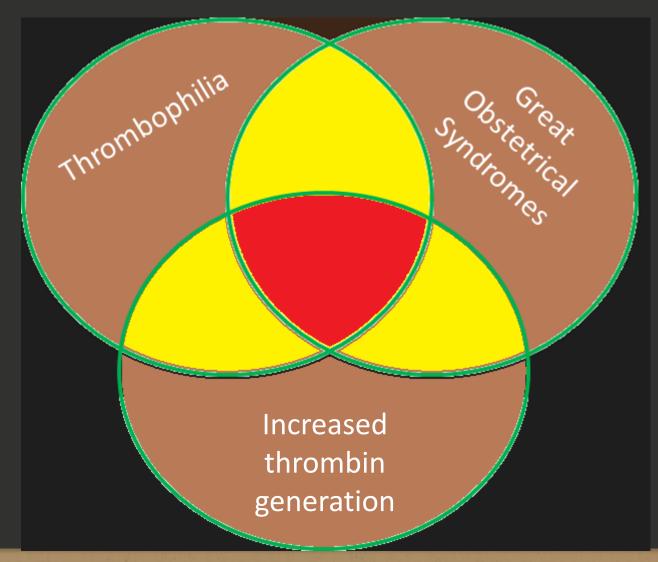


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