

EDITORIAL

THE HEMORRHAGIC DISORDERS

FOR purposes of convenience, and from the standpoint of our present-day knowledge, it may be assumed that there are three mechanisms which are concerned in preventing the loss of blood from the circulation into the tissues. These are the capillary wall or endothelial lining, the blood platelets, and those chemical or enzymatic substances within the circulating blood which are concerned with blood coagulation. A breakdown in any one of these several mechanisms may result in seepage of blood and thus in petechiae and ecchymoses, in continued oozing from small blood vessels, or in the lack of clot formation. Based on this perhaps oversimplified classification, one may distinguish three types of hemorrhagic disorders:

(1) Vascular or nonthrombocytopenic purpuras, having nothing to do with either the morphologic or chemical elements of the blood; (2) thrombocytopenic purpura, largely associated with a great reduction in platelets; and, (3) such disorders as hemophilia, hypoprothrombinemia, etc., in which a plasma factor is concerned.

Aided by the appropriate laboratory tests, this classification becomes useful in the diagnosis of most hemorrhagic disorders. Cases are occasionally seen, however, which are rather more difficult to classify. Such are the instances of bleeding disturbances which are associated with an increased bleeding time in the presence of a normal platelet level and a usually normal tourniquet test. For these cases, the designation of "pseudohemophilia" has in recent years been utilized.

Pseudohemophilia, admittedly a poor designation, is often hereditary although isolated cases are common. Minor operations lead to excessive and at times uncontrollable bleeding. As MacFarlane has stated, there appears to be a disturbance in the retractility of the capillaries following trauma, as a result of which continued oozing of blood takes place.

In some respects severe cases of the disorder are more difficult to treat than the fundamentally more serious diseases of hemophilia and idiopathic thrombocytopenic purpura. In the former, transfusions of blood or the use of antihemophilic plasma globulin are usually effective, and in thrombocytopenic purpura, removal of the spleen usually cures. In pseudohemophilia, on the other hand, transfusions and splenectomy are of no value, and unless the bleeding points can be gotten at locally and packed with thrombin-fibrin foam, the bleeding may remain completely uncontrolled. Ascorbic acid, vitamin P, and the more recently described "rutin" still leave much to be desired in the treatment of disorders of capillary permeability and retractility leading to undue bleeding.

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