

Hyperfibrinolysis



Description:

Overactivated fibrinolysis can lead to consumption of fibrinogen and very high D-dimer levels, and is associated with significant bleeding. The cause usually lies in malignant diseases in which the tumor cells produce fibrinolysis-activating substances. Therefore, if the reason of hyperfibrinolysis is unclear, a detailed tumor search is necessary.

Fibrinolytic therapy with alteplase (Actilyse®), tenecteplase (Metalyse®), reteplase (Rapilysin®), urokinase or streptokinase, e.g. for the treatment of acute myocardial infarction, stroke, pulmonary embolism or deep vein thrombosis can also cause lab signs of hyperfibrinolysis.

Treatment options:

Treatment of the underlying disease.

Tranexamic acid (Cyklokapron®) 3x1000-2000 mg/d.

Fibrinogen concentrate (Hemocomplettan®, Fibryga®) in a dose of 2-4 g/d.

Surveillance:

fibrinogen levels

D-dimer concentration

In case of questions please contact a coagulation specialist.

Credentials:

Thomas L, Laboratory and Diagnosis, 2023, Release 5: <https://www.labor-und-diagnose.de/index.html>

Parameter catalog of the Clinical Institute for Laboratory Medicine, Med.Univ.Wien and AKH Vienna: <https://www.akhwien.at/default.aspx?pid=3982>

List of services for clinical chemistry, Univ.Klinikum Ulm: <https://www.uniklinik-ulm.de/zentrale-einrichtung-klinische-chemie/leistungskatalog.html>