

## DISSEMINATED INTRAVASCULAR COAGULATION - ACTUALITIES

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The origin of tissue perfusion quality in every moment is represented by functional interrelation platelet-endothelium-plasma continuous. Nutrition cellular function, tissue clearance, defense and repair and ultimately the duration and quality of tissues are directly dependent on the quality and adapted quantity of blood flow in conditions of homeostasis. Multiple interreglari, trigger signal quality that each participant element at blood flow - wall endothelium, platelets, cellular elements and proenzyme plasma protein has at various times in flow adjustment represents a vast subject, which is still extensively researched and involve a high level of interdisciplinarity. The pathology of these confounding systems can have a wide range of events-from general impairment, multiorgan disseminated to local implications, from superacute bleedings and thrombotic disorders until chronic obstructive ischemic implications - from CIVD, primary fibrinolysis, acute organ infarction up to chronic obstructive thrombotic diseases, venous and pressure. The role of haematologist in the delimitation of certain

elements disease-causing in these processes is important because, besides its own specialist experience, the haematologist is very often consulted by colleagues of other specialties - intensivist, infectious diseases, surgeons, obstetricians, oncologists and must express a competent, focused and even inspired opinion to focus on a good troubleshooting situation, situation that is sometimes superacute. Between those the most dramatic situation is CIVD. In studying CIVD **the haematologist must have well understood the complex phenomenon of hemostasis**, with it's intricate components - coagulation, platelet and endothelial tissue involvement and the likelihood that certain pathological implications - infections, tumors, or other event can disturb the blood flow, producing disseminated clots, tissue hypoxia and secondary catabolic intoxication and also the consumption of coagulation factors paradox that leads to capillary-thrombotic disease, bleeding due to consumption coagulopathy and **he must quickly diagnose and follow the dynamics of pathological process**. After detailed understanding of the current knowledge of the above, the haematologist **must respond to the request to give the therapeutic indication**, on which depends the patient's life. The purpose of the following presentation is to remind us and to systematize the known data on the CIVD causes, its clinical pathophysiology, diagnosis and treatment.