LETTER to the EDITOR

Malignancies and Disseminated Intravascular Coagulation

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Irfan Yavasoglu

*University Medical Faculty, Division of Hematology, Aydin, Turkey *For correspondence: dr_yavas@yahoo.com*

Dear Editor

The article entitled "Predictive Value of Baseline Plasma D-dimers for Chemotherapy- induced Thrombocytopenia in Patients with Stage III Colon Cancer: A Pilot Study" written by Tanriverdi (2013) and published in one of the recent issues of your journal was quite interesting. Here, we would like to emphasize some points.

Disseminated intravascular coagulation (DIC) is a well known hemostatic complication of solid tumors. In a retrospective study of 1,117 patients with solid tumors, a clinical and laboratory diagnosis of DIC could be made in 76 (6.8%) (Sallah et al., 2001)

Classic laboratory findings associated with chronic DIC and solid tumors include thrombocytopenia and circulating fibrin degradation products. Hypofibrinogenemia also occurs. Fragmented red blood cells, although reported in patients with DIC, rarely constitute greater than 10% of the red cells. However, in some cases of chronic DIC with elevated D-Dimers but normal coagulation screening assay results, the presence of fragmented red cells may provide supportive evidence. Several scoring system combining clinical and laboratory date have been devised to assist in the diagnosis and determination of prognosis of patients with DIC (overt or non-overt). The International Society of Thrombosis and Haemostasis (ISTH) scoring system uses a combination of risk assessment and simple, widely available coagulation assays [including platelet count, fibrin related marker, prolongation of prothrombin time (PT), fibrinogen level] (Taylor et al., 2001).

In conclusion, to me, low platelet count and high D-dimer value in the first group compared with the other group may be associated with non- overt DIC. The diagnosis can be supported with fibrinogen, fragmented red blood cells and PT levels.

References

Sallah S, Wan JY, Nguyen NP, et al (2001). Disseminated intravascular coagulation in solid tumors: clinical and pathologic study. *Thromb Haemost*, **86**, 828-33.

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