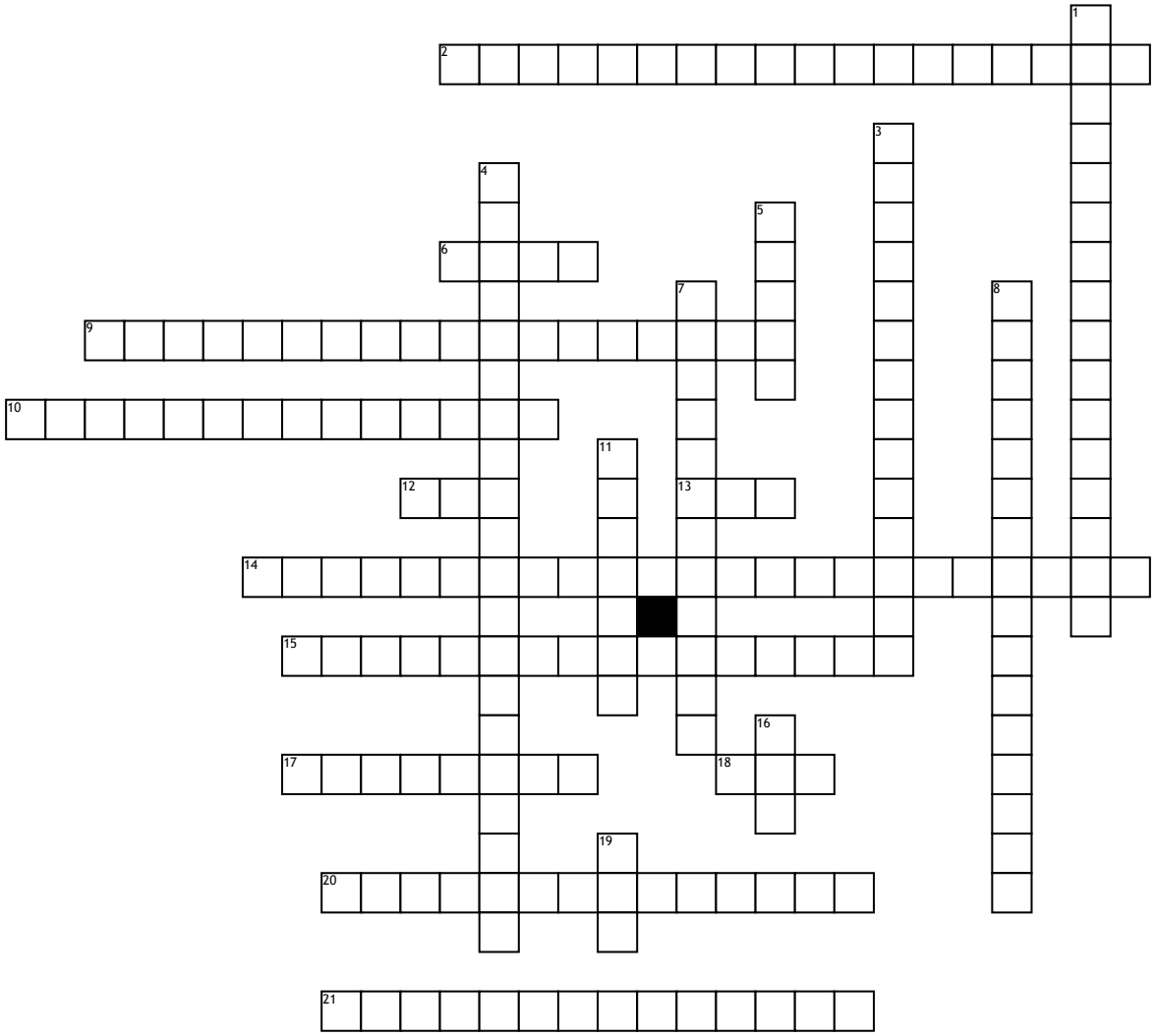
Platelet Disorders



Across

2. _____ heparin has a much lower risk of HIT
6. Decrease in platelet counts by what suggests HIT?
9. Inheritance of Bernard- Soulier Syndrome and Glanzmann Thrombasthenia?
10. Deficiency of platelet glycoprotein GP1b-1X is what disease?
12. Antiplatelet factor IV antibody or serotonin release assay is the diagnostic test for what?
13. This is a life threatening emergency
14. Disorder of platelet aggregation due to deficiency in platelet glycoprotein GPIIb-IIIA?
15. In HIT, platelets aggregate leading to what?
17. _____ cleaves von Hillebrand factor
18. Lack of functional ADAMTS13, ultralarge vWF multimers build up
20. Bernard-Soulier syndrome is a disorder of platelet adhesion to what?
21. ITP is typically proceeded by _____ and is usually self limited

Down

1. Features of TTP include hemolytic anemia, ____ acute renal failure, fever, and fluctuating transient neuro signs
3. Treatment of TTP is ____ as soon as diagnosis is established
4. _____ are contraindicated in TTP
5. Chronic form if ITP are most commonly in _____ 20 to 40 years of age
7. These occlude small vessels in TTP leading to microangiopathic hemolytic anemia.
8. Treatment of ITP include corticosteroids, _____ or splenectomy for chronic ITP. Can also use romipolostim and eltrombogap for splenectomy resistant ITP
11. Heparin induced thrombocytopenia occurs when antibodies are formed against heparin platelet____ _____ complex
16. IgG coat and damage platelets which are then removed by splenic macrophages
19. Petechiae and ecchymosis on skin, minimal bleeding despite ext. low platelets, bleeding of mucous membranes, no splenomegaly