The effects of chlormadinone acetate on clotting factors and platelet function have been studied by several researchers. Chlormadinone acetate, a 17 acetoxysteroid, caused no observable changes in clotting factors. Changes in platelet aggregation were only noted after long-term administration (Poller et al., 1969, Poller et al., 1971b). With the withdrawal from the market of chlormadinone acetate no progestogen has been available.

We have therefore studied the effects of another progestogen, norethisterone, a 19 norsteroid, in two groups of women on clotting parameters and platelet function. The first group had been taking combined preparations previously. The second group had not previously been on oral contraceptives. Raised clotting factors and accelerated platelet aggregation from combined preparations rapidly returned to normal when norethisterone was substituted. No rises of clotting factors have so far been detected in the second group.

References

Erythrocyte 2, 3-diphosphoglycerate in Diabetes and Renal Disease PAULINE M. EMERSON AND J. DARLEY (Department of Haematology, Radcliffe Infirmary, Oxford) In patients with well controlled diabetes mellitus, the erythrocyte 2, 3-diphosphoglycerate (DPG) content does not differ significantly from the normal. However, in 15 patients with uncontrolled diabetes, the DPG levels were decreased below the normal range of 4.5 ± 0.5 mM to 2.2 ± 0.4 mM per litre of red cells. The lowered DPG levels counteracted the effect of pH on the oxygen dissociation curve so that the tissue oxygen supply remained unaffected.

The DPG took up to five days to return to normal, and it is suggested that this delay is secondary to a fall in plasma phosphate. Rapid correction of blood pH by intravenous bicarbonate should be avoided, as this leads to a rapid fall in the calculated P50 resulting from the persistently low levels of DPG and giving rise to the possibility of tissue anoxia. Preliminary studies on three patients given phosphate supplement during the first five hours of treatment suggest that this regime is not long enough to have a beneficial effect.

In 56 patients with chronic renal failure, blood collected before dialysis gave a significantly raised DPG level of 6.22 ± 1.38. This did not correlate well with either the plasma phosphate or bicarbonate levels, but correlated fairly well with the haemoglobin concentration. Further studies are being undertaken.
A study of antiheparin activity of serum and platelet factor 4.

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