Laboratory approach for vaccine-induced thrombotic thrombocytopenia (VITT) diagnosis: A retrospective study of clinically suspected cases in The Netherlands NBV-TRIP Symposium Transfusiegeneeskunde 2022 18-05-2022

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Disclosure

No conflict of interest to declare



Vaccine-induced thrombotic thrombocytopenia (VITT)

Thrombocytopenia and/or thrombosis

Heparin induced thrombocytopenia (HIT)

Thrombocytopenia and/or thrombosis

5-30 days after vaccination



5-14 days after heparin exposure

Incidence AstraZeneca NL: 1:87.182 Incidence Janssen NL: 1:194.803



12 million people in the US receive heparin 0.5-1% of patients develop HIT

Pathophysiology not fully understood

Arepally & Padmanabhan, 2021 Arteriosclerosis, Thrombosis, and Vascular Biology Pavord et al., 2021, The New England Journal of Medicine Pathophysiology not fully understood







Discrepancies



Meier et al., manuscript in preparation



Demographics probable VITT patients



Probable VITT only in patients vaccinated with AstraZeneca or Janssen vaccine

Unusual thrombosis sites probable VITT patients

Majority probable VITT patients suffered from thrombocytopenia and thrombosis



Conclusions

- Probable VITT patients:
 - Vaccinated with viral vector vaccines
 - Experienced VITT-related symptoms after the first vaccination
 - Displayed symptoms after an average of 16 days post-vaccination
- Anti-PF4 IgG ELISA, PF4-dependent platelet activation assay, and clinical presentation is recommended for VITT diagnosis
- Platelet FcγRIIa seems to play a role in VITT (data not shown)
- More research needed to explain discrepancies in laboratory tests for VITT



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