

3 Major systems involved

- Vessel wall
 - Endothelium
 - ECM = BM (type 4 collagen + other proteins)
- Platelets
- Coagulation cascade
 - Coagulation factors (proteins)
 - Names and numbers
 - Active and inactive forms (zymogens)

Coagulation Cascade

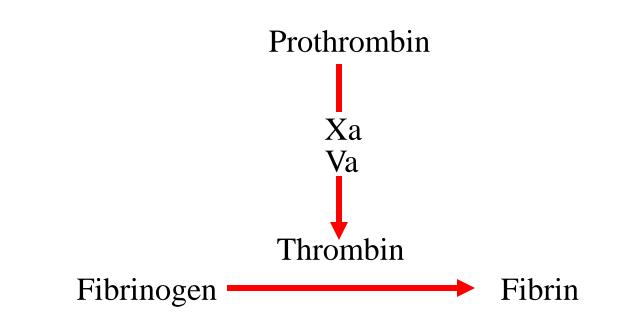
- **Enzymatic cascade** (amplification)
- Several serine proteases
 - Produced by liver (most)
 - Require Vit K (several)
- 3 protein cofactors (not enzymes)
- Requires Ca²⁺
- Localized to site of injury
- Reversible (via production of plasmin)

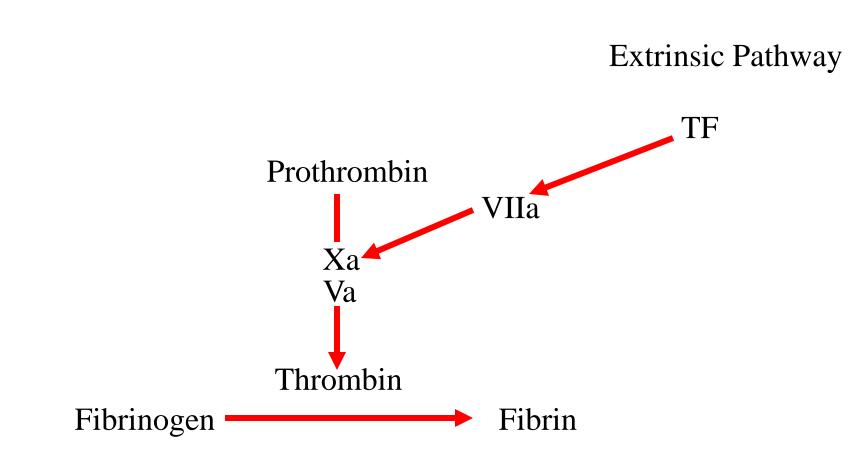
BLOOD COAGULATION

Coagulation factors and their properties			
Factor	Synonyms	Molecular weight	Plasma concentration (mg/dL
	Fibrinogen	340 000	200–400
	Prothrombin	70 000	10
	Tissue factor (thromboplastin)	44 000	0
	Calcium ion	40	9–10
V		330 000	1
VII		48 000	0.05
VIII		330 000	0.01
(vWF)		(250 000)n	1
IX		55 000	0.3
X		59 000	1
XI		160 000	0.5
XII		80 000	3
XIII		320 000	1-2
Prekallikrein		85 000	5
High-molecular- weight kininogen (HMWK)		120 000	6

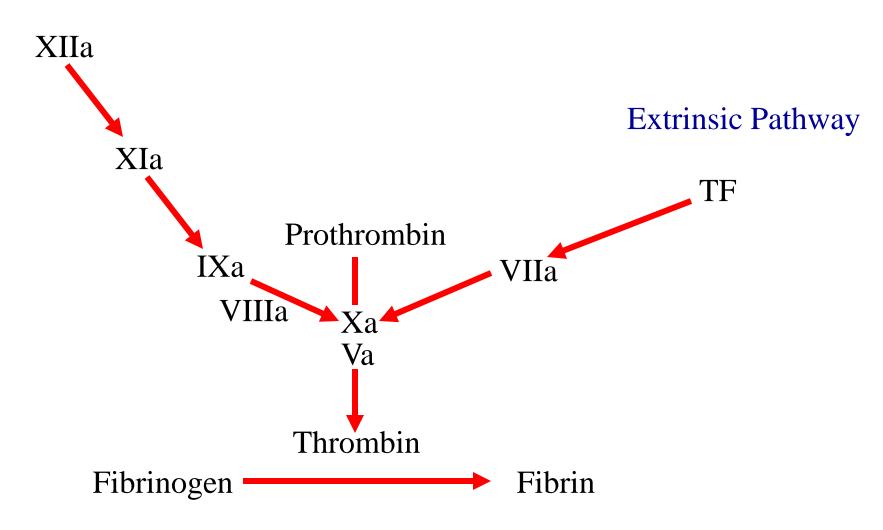
© Fleshandbones.com Baynes: Medical Biochemistry



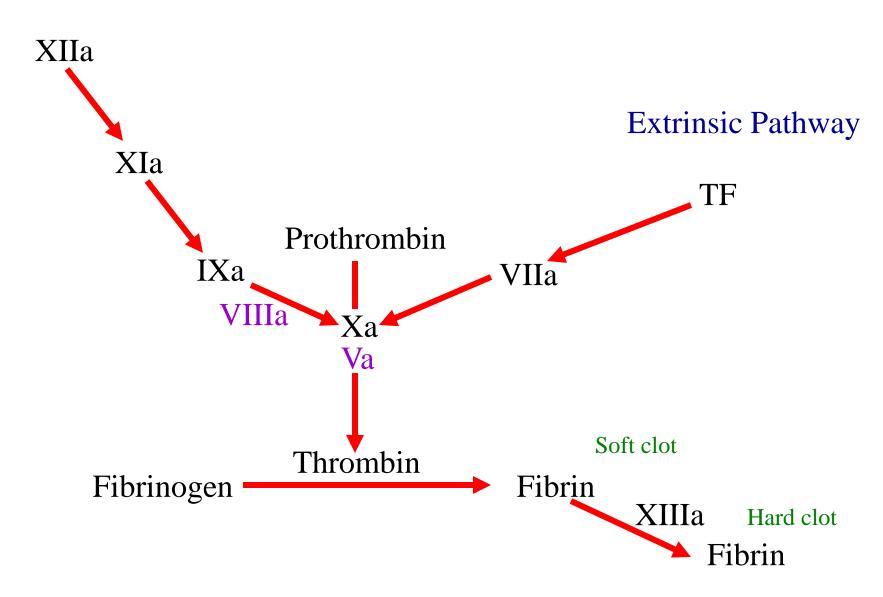




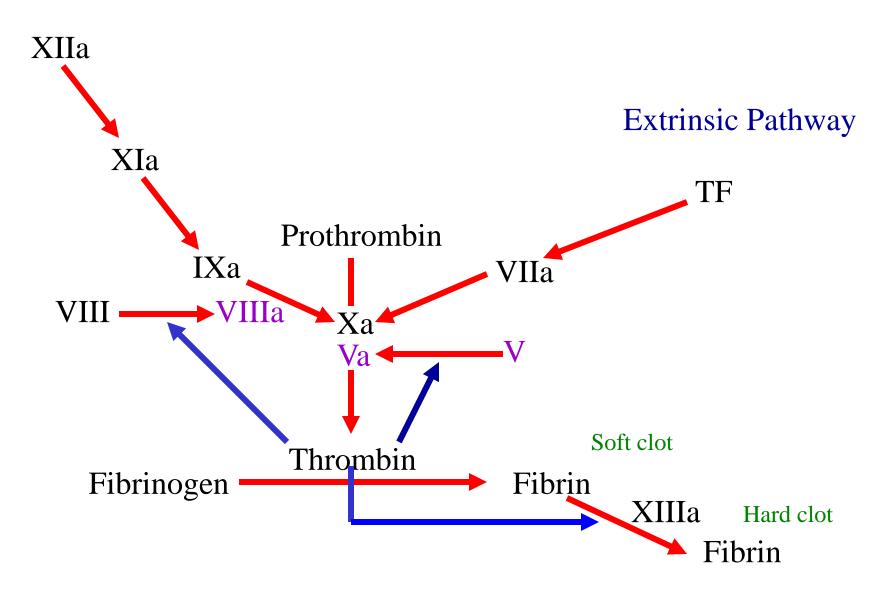
Intrinsic pathway



Intrinsic pathway



Intrinsic pathway

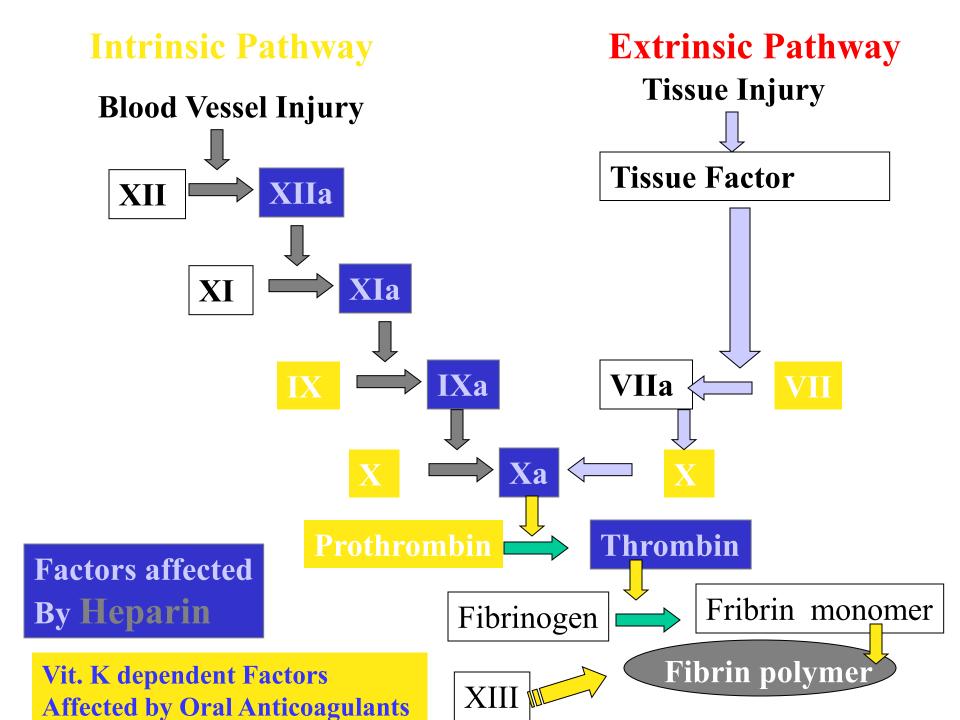


Intrinsic Pathway

- All clotting factors are within the blood vessels
- Clotting slower
- Activated partial thromboplastin test (aPTT)

Extrinsic Pathway

- Initiating factor is outside the blood vessels
 tissue factor
- Clotting faster in Seconds
- Prothrombin test (PT)

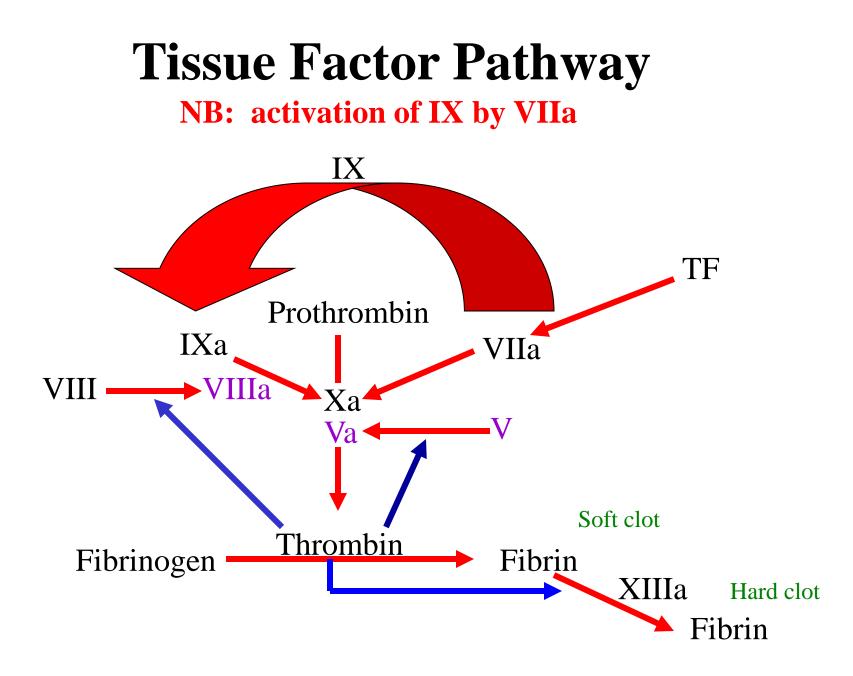




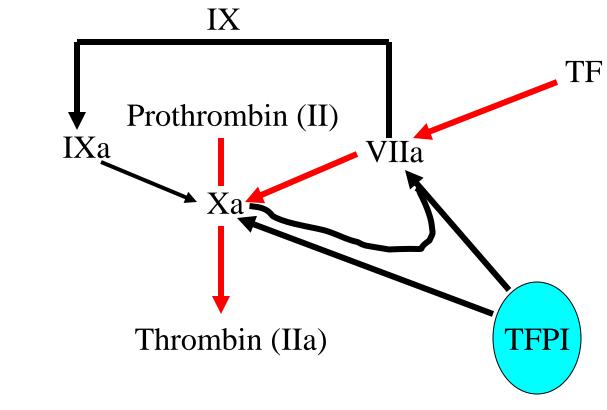
Relevance of complex formation and its constituents

Tissue Factor Pathway

- VIIa forms as usual via binding of VII to TF
- VIIa activates some $X \rightarrow Xa$
- Xa converts a small amt of prothrombin to thrombin; this thrombin is used to produce small amts of VIIIa and Va
- As the conc of TF-VIIa-Xa-thrombin increases, **Tissue Factor Pathway Inhibitor inactivates this complex stopping further** production of thrombin.
- New: VIIa also activates $IX \rightarrow IXa$ (Key to new scheme)
- IXa, with VIIIa (produced as above), produces Xa; this Xa with Va (produced as above) produces new thrombin; this thrombin produces more VIIIa and Va and now we get lots of thrombin and fibrin!



Tissue Factor Pathway Inhibitor



NB: Inhibition of Xa and VIIa

Tissue Factor Pathway Inhibitor

- Kunitz-type protease inhibitor (kringles)
- 34 and 41 kD forms in plasma (C-term truncation)
- Directly inhibits Xa
- Inhibits VIIa-TF complex in a [Xa]-dependent manner
- Bound to LDL, HDL and Lp (a)
- ~10% present in platelets (endothelium also)

Hemophilia A

Deficiency of/nonfunctional VIII

Hemophilia B Deficiency of /nonfunctional IX

Why do they bleed?

Physiologic Inhibitors of coagulation

- Antithrombin III (serpin)
- Activated Protein C + protein S
 - Inactivates Va and VIIIa (via proteolysis)NB: Factor V Leiden
- Thrombomodulin (EC glycoprotein)
 - Binds to thrombin
 - Decreases ability to produce fibrin
 - Increases ability to activate Protein C

Prothrombin time (PT)

Tissue Thromboplastin factor III

Mix with phospholipid extract

Add calcium and blood sample

Determine clotting time

Generally 12 - 14 seconds Used to detect defects in extrinsic pathway Activated partial thromboplastin time (APTT) Blood sample + EDTA or Citrate

No clot (recalcification will result in clot in about 2 - 4 min)

Add calcium Mix with negatively charged phospholipid Kaoline (aluminum silicate)

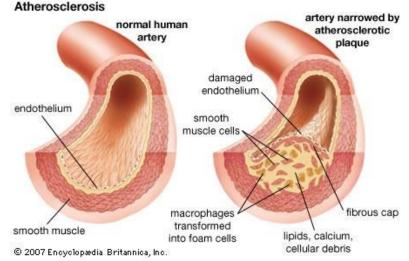
Determine clotting time

Generally clotting occurs in 26 to 33 seconds

Used to detect defects in the intrinsic pathway

Anticoagulant Properties of the Endothelium

- Anti-platelet properties
 - Covers highly thrombogenic basement membrane
 - Uninjured endothelium does not bind platelets
 - PGI2 (prostacyclin) and NO from uninjured endothelium inhibit platelet binding
 - ADPase counters the platelet aggregating effects of ADP



Anticoagulant properties of the endothelium

- * **HEPARIN-LIKE MOLECULES:** activate antithrombin III (inactivates active proteases)
 - * **THROMBOMODULIN**: changes specificity of thrombin (activates protein C , which <u>inactivates</u> factors Va and VIIIa
 - * Endothelial cells produce t- PA which activates fibrinolysis via plasminogen to plasmin

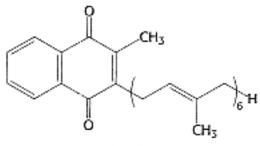
Prothrombotic Properties of the Endothelium

- •Synthesis of von Willebrand factor
- •Release of tissue factor, TF
- •Production of plasminogen activator inhibitors (PAI)
- •Membrane phospholipids bind and facilitate activation of clotting factors via Ca bridges

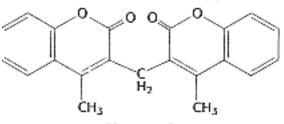
VITAMIN K

- Group of related, fat soluble compounds, which differ in the number of side-chain isoprenoid units
- Plant derived (vitamin K_1) and synthesized by intestinal bacteria (vitamin K_2)
- The reduced form of vitamin K₂ (vitamin KH₂) is required for the post-translational, gammacarboxylation of several proteins involved in blood clotting

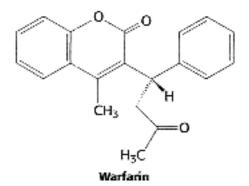
Role of vitamin K



Vitamin K



Dicoumarol



Role of vitamin K

Some clotting factors require a post-translational modification before they are active in clotting

These factors are II, VII, IX, X, proteins C and S

This PTM involves the addition of a COO- to certain Glu residues in the clotting factors

This PTM results in the formation of several γcarboxy glutamates = Gla

This PTM requires vitamin K

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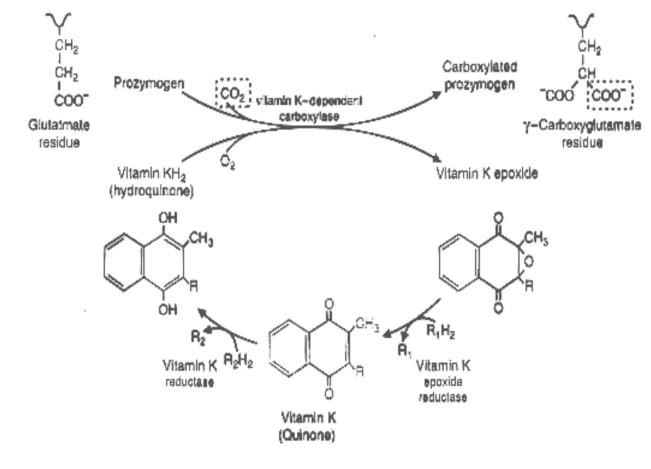
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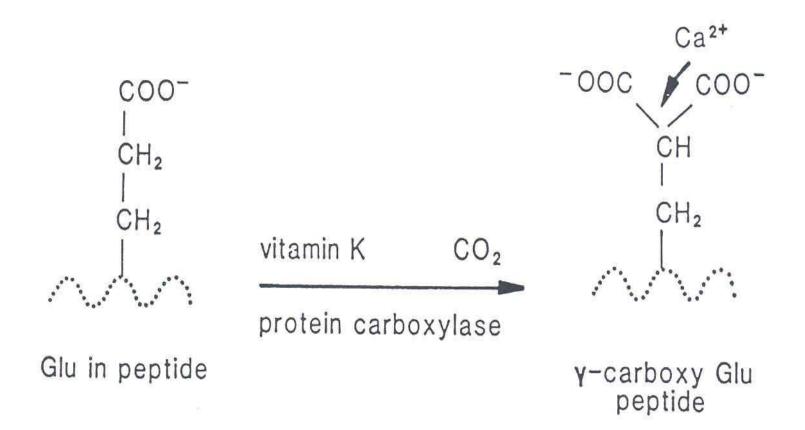
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36. Vitamin K-dependent formation of γ-carboxyglutamate 5. Thrombin (II), Factor VII, Factor IX, and Factor X are bound acid residues that have a high affinity for calcium. The vitamin Kdependent carboxylase, which adds the extra carboxyl group, uses a

Formation of Gla residues subsequent to protein synthesis (post-translational)



Role of vitamin K

- Vit K is altered in carboxylation Rx and must be regenerated before reuse
- Regeneration involves 2 reductases which convert vit K epoxide to vit K
- Vit K antagonists inhibit these reductases
- Vit K-dependent PTM provides sites on modified coag factors for Ca bridgeing

Non-physiologic inhibitors of coagulation

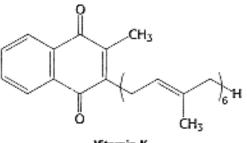
- Vitamin K antagonists (in vivo)
- Ca chelators (in vitro only)
 - EDTA
 - Citrate
 - Oxalate
- * Heparin (in vivo and in vitro)

Vitamin K deficiency

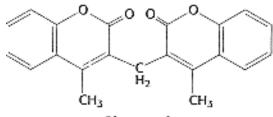
- Deficiency of vitamin K is rare because of its wide distribution in nature, and its production by intestinal bacteria
- Found in individuals with liver disease and fat malabsorption
 it is associated with bleeding disorders
- Newborn infants (especially preemies) are also at risk
 - Placenta is insufficient in the transfer of maternal vitamin K
 - Concentration of circulating vitamin K drops immediately after
 - birth, and it recovers upon absorption of food
 - Gut of the newborn is sterile

Thus, newborns are given an injection of vitamin K following birth.

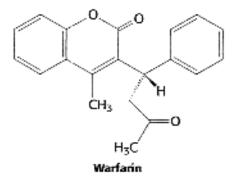
Vitamin K antagonists



Vitamin K



Dicoumarol



BLOOD COAGULATION (CONT.)

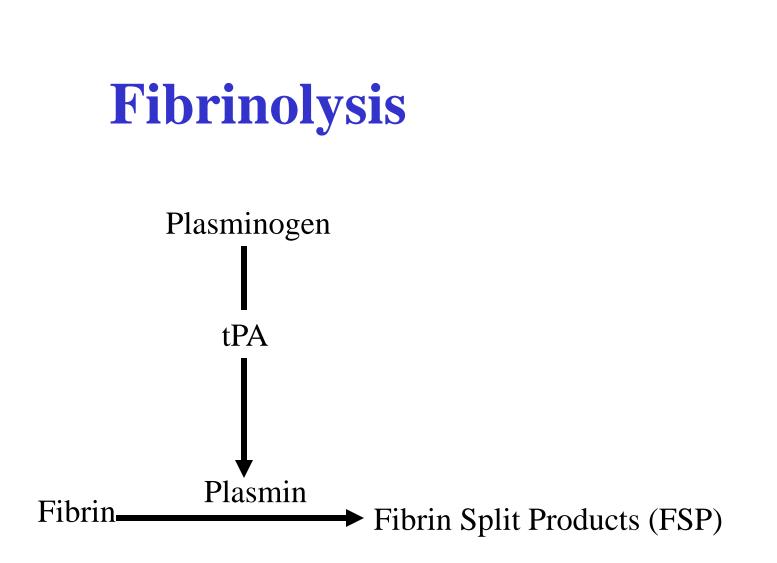
- Deficiencies in all of the factors, except factor XII, lead to a bleeding tendency in the affected individual
- Described as a 'waterfall' or 'cascade' sequence of zymogen (pro-enzyme) to enzyme conversions, with each enzyme activating the next zymogen in the sequence
- Activated factor enzymes are designated with an "a", e.g. factor Xa

Clot removal

FIBRINOLYSIS

Fibrinolysis

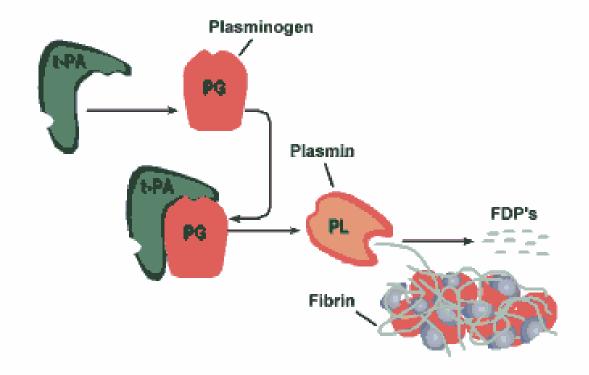




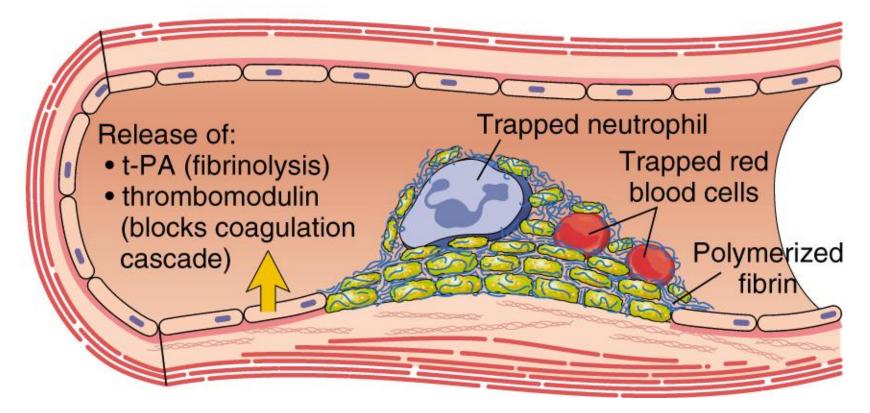
Fibrinolysis

- Enhance degradation of clots
- Activation of endogenous protease
- Plasminogen (inactive form) is converted to Plasmin (active form)
- Plasmin breaks down fibrin clots

Fibrinolysis



D. THROMBUS AND ANTITHROMBOTIC EVENTS



Inhibitors of fibrinolysis

• Plasminogen activator inhibitors (PAIs)

 $\Box \alpha_2$ -antiplasmin (serpin)

