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Study of serum prolactin in primary immune thrombocytopenic patients

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Background: ITP is a disorder characterized by immune-mediated accelerated platelet destruction and suppressed platelet production. Hyperprolactinemia (HPRL) has been described in many autoimmune diseases such as systemic lupus erythematosus.

Aim: The aim of this work was to study serum prolactin (PRL) levels in patients with primary immune thrombocytopenia (ITP) and to investigate its possible correlation with disease activity and manifestations.

Patients & Methods: The study was carried out on 40 cases of primary ITP patients (group I) and 50 healthy controls (group II). PRL was measured directly in the serum samples by VIDAS PRL kits using the ELFA technique for all patients and controls.

Results: Moderate HPRL (serum PRL 30-200 ng/ml) was present in eight (20%) of primary ITP patients, but was not present in any of the 50 controls. Among 22 patients with platelet count below 30000/ μ l, eight (36.4%) patients had HPRL and 14 (63.6%) patients had normal PRL levels. HPRL was associated with lower platelet counts.

Conclusion: This study shows that HPRL is present in 20% of patients with primary ITP. Also, patients with HPRL have a lower platelet count than patients with normal PRL levels.

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Evaluation of the rate of hemolysis in blood samples taken from peripheral venous cannula vs. sampling with needle

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Introduction & Aim: Often in clinical practice, blood sampling for patients have to undergo repeated blood tests peripheral venous cannula (CVP) instead of the classical technique with needle or butterfly. The decision to withdraw blood from CVP can cause an alteration of blood values. This paper aims to assess whether blood samples taken from the CVP have an increased rate of hemolysis compared to those taken with classical technique, taking as reference the patient population under observation in the emergency department and make some reflections on the impact of this technique on the reading of the analytes.

Materials & Methods: Literature review was conducted from the databases PubMed, CINAHL, and Ovid, using keywords as: Peripheral catheter; blood specimen collection; blood sample and; hemolysis and, identified 19 items including two meta-analyses and a cross-sectional study.

Results: The meta-analysis of Heyer and Lippi agreed in declaring that the samples taken by needle have a lower risk of hemolysis. According to the work of Heyer, with the needle reduces the risk by 84% (RR=0.16 95% CI 0:11 to 0:24); according to Lippi, the levy to CVP increases by 7% the risk of hemolysis (RR 1.07 95% IC=1:06 to 1:08, p<0.001). Both declare the manual aspiration efficiency to reduce the risk of hemolysis comparing it with the use of vacuum tubes. According to Heyer, the risk reduces by 3% if you run a withdrawal from the CVP, vacuuming manually with syringe instead of vacuum tubes (RR=0.97, 95% CI 0.81-1.17); according to Lippi, sampling vacuum tubes involves a greater risk of hemolysis 32% of the samples (95% CI=1:24 to 1:40, p<0.001) compared with aspiration mode with a syringe or tube called S-Monovette blood tubes.

Conclusions: Withdrawals from CVP increase the risk of blood hemolysis.

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