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Editorial Open Access

The 21st Century Target Supposed to be 'One' Even is too Much, A Short Commentary about Postoperative Thrombosis and Expected Disorders

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Editorial

Thrombosis is one of the main death causes that derived from different (un-)known origins. Thrombosis per definition is a pathological disease, in which unexpectedly formed a blood clot in an intact blood vessel, which could locally cause limitation up to cessation of the blood flow processing, significantly. The vessel may be any vein or artery as, for example, in a deep vein thrombosis (DVT) or a coronary (artery) thrombosis. The clot forming under physiological circumstances itself is termed a thrombus. Thrombosis is a pathological process that could be formed after 4 main processes [1]. The vein's inner lining is injured. Injuries could be triggered by different causes i.e. physical accidents, chemical drugs, or biological antigens [2]. Blood flow is directly affected by diameter of vessels changes [3]. Lack of physical motion can cause inactivation or sluggish blood flow, which results in agglutination and aggregation of thrombosis-related factors to the vessel wall's proteins, inappropriately and at last but not least [4]. Unknown factors mutations, locally. Moreover, blood processing and storage is also proven might cause thrombosis, in spite of all preventive procedures [1-3].

In one hand blood transfusion is final mean to save life of patients with bleedings disorders and heamtooncologic patients (who needed second and/or third surgery), in the another hand it could initiate thrombosis-related aggravation of the patient health- and their socioeconomic status, who are recipient of the bad-processed blood products and/or chemical drugs [1-3].

In the last Century, blood transfusion and disorders dominated health system's outcomes after the clinical applications. While the aim was to safe life of certain patients still so many patients, who were receiving bad-processed blood products got thrombosis and long emboli post transfusion [2]. Unfortunately after 110 years studies founded different basic and/or clinic projects, there is still little known about standard blood transfusion, appropriate drugs and chemical administrations, and their related disorders i.e. (deep) venous and arterial thrombosis [1-5]. Moreover, in 21st Century men expected all (or at least some) causes of side effects (SEs) to be elucidated, if Medicine listens to the patients' requests.

In the last decades, basic and clinical researchers engineered and developed so many sophisticated tools to follow every step of blood transfusion and chemical drugs administrations. Despite the fact that one might expect there is no room for mistakes anymore, still medical errors and SEs are occurring on regular basis, which has direct influence on the socioeconomic aspects of healthy ageing of a long-suffering subject.

Following recent international meetings' news and Scientists, who are claiming different prestigious prices, gives us hope for better future treatments with no disorders and SEs that postoperatively might cause thrombosis of any kind. Recall, it is obvious for everybody that a perfect treatment helps patient to be cured immediately, and appropriate treatments does not supposed to cause any nonsense temporal and/or special side effects, postoperatively. Furthermore, treated patient supposed to go home straightaway. But why? And how is it possible that still so many patients being exposed to the different postoperative medical errors and SEs, world widely. By hook or by crook (some) patients are remaining with such SEs and life threating thrombosis risk in their whole life, ever after (21th Century one is too much target).

Different publications from 100 years ago have shown that higher mortality and morbidity caused by such SEs after blood (products) transfusion i.e. chilling, infections, inflammations, and even death. To highlight more about the side effects and medical errors that are causing such thrombosis because of transfusion and chemical drugs administrations, we need to know more about 'how?', "why"? and what does trigger/initiate such SEs that could end in thrombosis?

In theory, there are more than 11 causes known from literature that could make medical errors and SEs are happening during blood transfusion procedures and chemical drugs administrations namely: 1. isolation procedures 2. Processing procedures 3. Storage procedures 4. Logistics conditions 5. Transfusion procedures 6. Patients defenselessness 7. Donor blood products' quality and quantity 8. Bioavailable unknown microorganisms during administrations 9. Blood groups' unmatching 10. different nonbiological antigens and at last but not least 11. unknown factors.

Recently we perceive so many basic and clinical publications about the isolation, processing and storage protocols from 107 years ago. Moreover fabricants are (from time to time) producing different not-standard-blood products (NSBPs), which with all due respect each distinct themselves from another about details that they have innovated behind closed doors. (!) One or more aspects of these NSBPs that they are trading in the market to their so-called clients i.e. the Hospitals and private Clinics. I am wondering who is really responsible for the different kinds of thrombosis are occurring postoperative after all. Who is responsible for different kinds (un-known) of SEs in recipients that should live with it (un-)intentionally?

In my view, One needs (have right) to demand more standardized and optimized treatments without SEs, eventually. Why patients still do not get standard perfect blood products and treatments, despite so many developments and tools available?

Taken together, after a Century research and development with appropriate plans, it can be assumed that we can undo aforementioned medical errors problems if we focus on ultimate solutions, after all. All inspectors, Reviewers and Editorial boards also being counseled by these kinds of calls. Please think about that 'how we can form a front to demand conscientiousness from the next Basic and/or Clinical Research Scientists to change their view toward no medical error solutions. Don't accept agreements and promises after death row of projects anymore, if we want to listen to the patients' request (which we are the next as well).

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