<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Lack of activated protein C resistance in healthy Hong Kong Chinese blood donors—correlation with absence of Arg506-Gln mutation of factor V gene.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s)</strong></td>
<td>Chan, LC; Bourke, C; Lam, CK; Liu, HW; Brookes, S; Jenkins, V; Pasi, J</td>
</tr>
<tr>
<td><strong>Citation</strong></td>
<td>Thrombosis And Haemostasis, 1996, v. 75 n. 3, p. 522-523</td>
</tr>
<tr>
<td><strong>Issued Date</strong></td>
<td>1996</td>
</tr>
<tr>
<td><strong>URL</strong></td>
<td><a href="http://hdl.handle.net/10722/57147">http://hdl.handle.net/10722/57147</a></td>
</tr>
<tr>
<td><strong>Rights</strong></td>
<td>This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.; Thrombosis and Haemostasis. Copyright © Schattauer GmbH.; This article is not an exact copy of the original published article in Thrombosis and Haemostasis. The definitive publisher-authenticated version of Thrombosis and Haemostasis, 1996, v. 75 n. 3, p. 522-523 is available online at: <a href="http://www.thrombosis-online.com">http://www.thrombosis-online.com</a></td>
</tr>
</tbody>
</table>
Dahlbäck for the original APC-R assay: PPV = 69%, NPV = 99% (7). However, the use of home-made reagents has been reported as more reliable for screening than the commercial ones (6, 7).

Our results demonstrate that the modified test is a better screening test for the diagnosis of factor V Leiden than the original APC-R assay using the commercially available kit. It may be used not only for patients under oral anticoagulants but also in any patient. It appears to be very useful for the screening of factor V Leiden and to confirm molecular analysis. Furthermore, it may theoretically detect any abnormality of factor V responsible for APC-R, and possibly different from factor Leiden. However, the original APC-R assay might remain important in the biological investigation of thromboembolic disease, independently of factor V Leiden screening, as a global functional test of hypercoagulability affecting the protein C pathway (1, 7).

Marc Trossaert, Jacqueline Conard, Marie Hélène Horrellou, Issam Elalamy, Meyer Michel Samama
From the Service d’Hématologie Biologique, Hôtel-Dieu, Paris, France

References

Received July 25, 1995 Accepted after resubmission November 30, 1995

Lack of Activated Protein C Resistance in Healthy Hong Kong Chinese Blood Donors – Correlation with Absence of Arg506-Gln Mutation of Factor V Gene

Dear Sir,

Recent advances in the understanding of the anticoagulant pathways have revealed deficiencies of antithrombin, Protein C, Protein S and activated protein C (APC) resistance as major risk factors for thromboembolism in the Caucasian population (1, 2). Of these factors, APC resistance due to a mutation Arg 506-Gln of the Factor V gene is now recognised as the most common abnormality found in thrombotic patients and may itself account for more than one fifth of all cases of thrombophilia (3). In the general population, the reported prevalence rate of APC resistance is 5-7% (3, 4). Given the relatively low incidence of thromboembolism in the Chinese compared to the West (5-6), which may reflect genetic or environmental factors e.g. diet or exercise, we were interested in the APC resistance prevalence rate in

Correspondence to: Dr. L. C. Chan, Haematology Section, Department of Pathology, Queen Mary Hospital, Hong Kong—FAX Number: +65228 17 75 65
From the 1Haematology Section, Department of Pathology, University of Hong Kong; 2Hong Kong Red Cross Blood Transfusion Service, Hong Kong; 3Haemophilia Centre & Haemostasis Unit, Department of Haematology, Royal Free Hospital and School of Medicine, United Kingdom

Acknowledgement

We thank Mr. Stanley Ko and Mr. Cary So for excellent technical assistance and Ms Juliana Kwok for manuscript preparation.

References


Received July 28, 1995 Accepted after resubmission November 28, 1995

Warfarin Induced Skin Necrosis Associated with Activated Protein C Resistance

Dear Sir,

Warfarin induced skin necrosis (WISN) is a rare condition that has been described following warfarin treatment especially of patients with familial thrombophilia, such as deficiencies of protein C (1) and protein S (2). For most cases reported however no such association has been found (3). We describe a case of WISN in a patient with activated protein C resistance (APCR), the commonest cause of familial thrombophilia (4).

The 21 year old patient presented at the 12th week of pregnancy with a painful right leg and a clinical diagnosis of a DVT was made. No venogram was performed and she was treated with subcutaneous