

HEREDITARY COAGULOPATHIES: PATHOGENESIS AND LABORATORY DIAGNOSTICS

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Introduction. Hereditary coagulopathies are a group of genetically determined disorders of the hemostatic system characterized by impaired blood coagulation and an increased tendency to bleeding. These conditions are associated with a deficiency or functional insufficiency of coagulation factors, proteins of the coagulation cascade, or components responsible for their activation. The most well-known forms of hereditary coagulopathies include hemophilia A and B, von Willebrand disease, and rare coagulation factor deficiencies. Early diagnosis of these disorders is of crucial importance for the prevention of severe hemorrhagic complications and for improving patients' quality of life.

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Pathogenesis of Hereditary Coagulopathies. The hemostatic system includes the vascular–platelet component, plasma coagulation, and fibrinolysis. Hereditary coagulopathies predominantly affect the plasma component of hemostasis [10,11,12].

Genetic Basis. Most hereditary coagulopathies are caused by mutations in genes encoding blood coagulation factors. Thus, hemophilia A is associated with mutations in the *F8* gene, which encodes factor VIII, while hemophilia B is linked to mutations in the *F9* gene, responsible for the synthesis of factor IX. Both disorders are inherited in an X-linked recessive manner.

Willebrand disease is most commonly inherited in an autosomal dominant manner and is associated with mutations in the *WF* gene, leading to quantitative or qualitative defects of Willebrand factor [1,2,3].

Disorders of the Coagulation Cascade. Deficiency of coagulation factors leads to impaired cascade activation of coagulation, reduced thrombin and fibrin formation, making the formation of a stable clot impossible. As a result, even minor vascular injuries are accompanied by prolonged or spontaneous bleeding [17,18,19,20].

Clinical Manifestations. Pathogenetic mechanisms determine the clinical presentation of these disorders. Hemophilia is characterized by deep bleeding episodes (hemarthroses and hematomas), whereas von Willebrand disease predominantly presents with mucocutaneous bleeding (epistaxis, gingival bleeding, and menorrhagia) [21,22,23,24].

Laboratory Diagnosis of Hereditary Coagulopathies. Laboratory evaluation is the main tool for confirming the diagnosis and includes both screening and specialized methods [4,5,6].

Screening Tests. Basic investigations include:

- **Activated partial thromboplastin time (APTT)** — prolonged in deficiencies of factors VIII, IX, XI, and XII
- **Prothrombin time (PT)** — usually normal in hemophilia
- **Thrombin time (TT)** — allows exclusion of fibrinogen abnormalities
- **Platelet count** — generally within normal limits

Correction Tests. Performance of the mixing test (mixing the patient's plasma with normal plasma) allows differentiation between coagulation factor deficiencies and the presence of inhibitors. Normalization of APTT after mixing indicates a factor deficiency [7,8,9].

Determination of Coagulation Factor Activity. To specify the type of coagulopathy, the activity of specific factors (VIII, IX, XI, etc.) is measured. Activity levels correlate with disease severity:

- **Severe form** — <1%
- **Moderate form** — 1–5%
- **Mild form** — >5%

Diagnosis of Willebrand Disease. Includes:

- determination of Willebrand factor antigen
- assessment of ristocetin cofactor activity
- measurement of factor VIII activity

Genetic Diagnosis. Molecular genetic methods allow identification of specific mutations, confirmation of the diagnosis, genetic counseling, and prenatal diagnosis [13,14,15,16].

Conclusion. Hereditary coagulopathies represent a significant medical and social problem requiring a comprehensive diagnostic approach. Understanding the pathogenesis of these disorders enables targeted use of laboratory diagnostic methods and timely initiation of replacement therapy. Modern advances in molecular diagnostics open new opportunities for early detection and personalized treatment of patients with hereditary hemostatic disorders.

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