CORRESPONDENCE

To the Editor,

When interesting information is buried under the avalanche of literature, that is life. When this information, however, assumes pertinence as scientific or clinical evidence, perhaps it should be championed as a cause. During the last few years, there have been several worthy papers, the most recent by Hirsh et al. (Blood 36:623, 1970) pondering the question of the danger of fetal hemorrhage in treating pregnant women with oral anticoagulants. These papers have presented results of animal experimentation or human clinical surveys, all providing circumstantial evidence that oral anticoagulants can harm the fetus. The crucial question is: do oral anticoagulants pass the human placenta and reach the fetal circulation in a pharmacologically active state? The answer is yes, as clearly proven in 1965 in the case of an infant born of a mother receiving oral anticoagulant where significant drug levels (bishydroxycoumarin) were demonstrated in the circulation of the infant and the depression of the clotting factors II, VII, IX, and X, with their subsequent recovery concomitant with the half-time disappearance of the drug documented. The extent of potential harm of oral anticoagulant to the fetus is necessarily complex and related to interreacting maternal and fetal factors. One thing is clear, however: the commonly used oral anticoagulants (coumarin derivatives) do pass the human placenta and exert their pharmacologic action on fetal coagulation factors in a reasonably predictable manner.

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To the Editor,

We thank Dr. Saidi for drawing our attention and the attention of your readers to the paper cited (Reference 7) which convincingly demonstrated that bishydroxycoumarin crosses the placenta in humans and depresses the vitamin K-dependent clotting factors.

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REFERENCES


Reply