



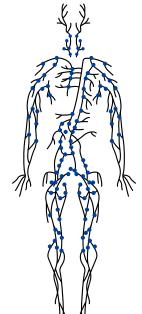
Physiology

FINAL | Lecture 3

﴿ وَقُل رَّبِ أَدْخِلْنِي مُدْخَلَ صِدْقِ وَأَخْرِجْنِي مُخْرَجَ صِدْقِ وَٱجْعَل لِي مِن لَّدُنكَ سُلُطَنَا نَصِيرًا ﴾ ربنا آتنا من لدنك رحمة وهيئ لنا من أمرنا رشدًا

Hemostasis & Blood Coagulation (Pt. 2)





Written by:

Mohammad Al-Asali Ahmad Abu Aisha **Reviewed by:** Laith Joudeh

Generating Prothrombin Activator

- Two pathways:
 - Extrinsic pathway Trauma to vessel wall and adjacent tissues
 - Intrinsic pathway Trauma to the blood or exposure of the blood to collagen
- Both pathways involve "clotting factors"— mostly inactive proteases that are activated in cascades

Generating Prothrombin Activator

• The coagulation process involves two main pathways that lead to the formation of the **prothrombinase complex** (also called the prothrombin activator complex), which converts prothrombin into thrombin.

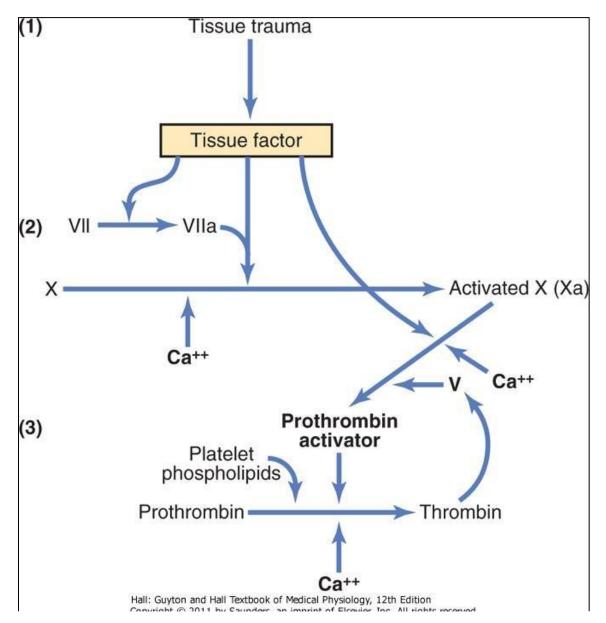
1. Extrinsic pathway:

This pathway is triggered by damage to the vessel wall or surrounding tissues. The
injured tissue releases tissue factor (TF, also known as Factor III or
Thromboplastin) at the site of injury.

2. Intrinsic pathway:

- This pathway begins when there is damage within the blood vessels or when collagen becomes exposed to circulating blood components.
- For example, when blood contacts a rough surface (such as a glass tube), the intrinsic pathway is activated.
- Most clotting factors circulate in the blood as inactive zymogens
 (precursors of proteases), which are sequentially activated in a cascade reaction.

Extrinsic Pathway of Blood Clotting



Blood Coagulation — Extrinsic Pathway

- Release of tissue factor
- Activation of Factor X- role of Factor VII and tissue factor
- Effect of Xa to form prothrombin activator -role of Factor V in the presence of calcium and phospholipids to split prothrombin to thrombin

Thrombin Positive Feedback

- Thrombin not only converts fibrinogen into fibrin but also enhances its own production through a positive feedback mechanism.
- It activates Factor V, which accelerates the generation of additional thrombin.

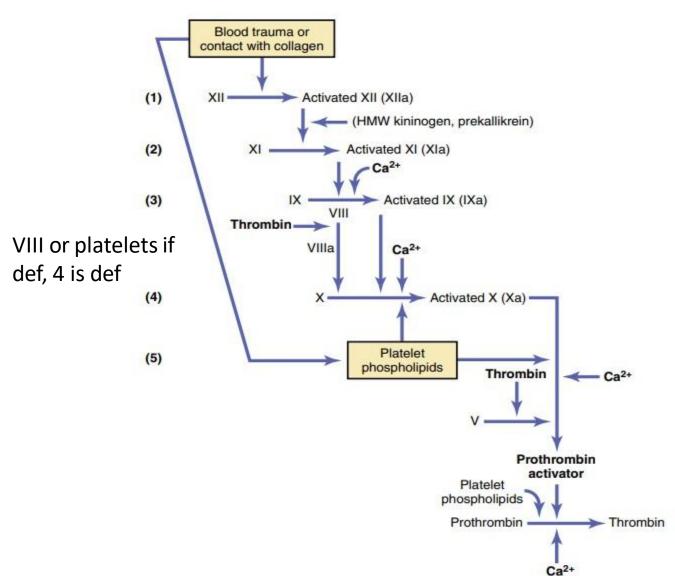
Extrinsic Pathway of Blood Clotting

- The extrinsic pathway is initiated by tissue trauma that exposes tissue factor (Factor III) to the blood.
- Tissue factor is a lipoprotein complex with enzymatic activity associated with phospholipids. Do your own research.
- Tissue factor binds to Factor VII (inactive form).
- This interaction converts Factor VII into Factor VIIa.
- The **TF-VIIa complex then activates Factor X** in the presence of calcium ions (Ca²⁺).

Extrinsic Pathway of Blood Clotting

- Activated Factor X (Xa) plays a central role in forming the prothrombinase complex, which consists of:
 - Factor Xa (the active protease)
 - Factor V
 - Calcium ions (Ca²⁺)
 - Phospholipids from cell membranes or platelets
- This complex converts prothrombin (Factor II) into thrombin (Factor IIa).
- Platelet phospholipids provide a surface that accelerates the reaction.
- Factor V, initially inactive, is activated by thrombin, which greatly enhances the activity of the prothrombinase complex—up to several thousand-fold.
- Thus, Factor Xa is the main protease in this complex, and Ca²⁺ is essential for the entire reaction.

Intrinsic Pathway of Blood Clotting



Blood Coagulation — Intrinsic Pathway

- Blood trauma causes activation Factor XII and release of platelet phospholipids
- Activation of Factor XI
- Activation of Factor IX by activated XI
- Activation of Factor X-role of Factor VIII
- Action of activated Factor X to form prothrombin activator-role of Factor V
- Thrombin amplifies its own generation through positive feedback mechanisms by:
 - Activating Factor VIII, which enhances the activation of Factor X through the tenase complex.
 - Activating Factor V, which strengthens the prothrombinase complex and accelerates thrombin formation.
- These feedback loops ensure rapid and localized clot formation at the site of injury.

Intrinsic Pathway of Blood Clotting

- The intrinsic pathway is initiated by:
 - Trauma to blood components, or
 - Exposure of collagen in a damaged vessel wall.
- This triggers a cascade of reactions:
 - Activation of Factor XII (Hageman factor):
 - When blood contacts collagen or a negatively charged surface, Factor XII undergoes a conformational change and becomes activated (XIIa).
 - Platelet activation:
 - Damaged platelets expose negatively charged phospholipids (previously called platelet factor 3, PF3), which provide a catalytic surface for the cascade reactions.
 - Activation of Factor XI:
 - Factor XIIa, with the help of high-molecular-weight kininogen (HMWK) and prekallikrein, activates Factor XI.

Intrinsic Pathway of Blood Clotting

Activation of Factor IX:

Activated Factor XI (XIa), in the presence of calcium ions (Ca²⁺), activates Factor IX.

Formation of the tenase complex:

Activated Factor IX (IXa) combines with Factor VIIIa (which is activated by thrombin), Ca²⁺, and platelet phospholipids (PF3) to form the tenase complex, which activates Factor X.

Formation of prothrombinase:

- Once Factor X is activated (Xa), it forms the prothrombinase complex together with Factor V, Ca²⁺, and platelet phospholipids, as in the extrinsic pathway.
- Thrombin further activates Factors V and VIII, greatly amplifying clot formation.
- A deficiency in Factor VIII or platelet phospholipids can impair Factor X activation, thereby slowing or preventing coagulation.

Synergy between the Intrinsic and Extrinsic Pathways

- Both pathways can act together synergistically, as they converge at a common point, which is the assembly of the prothrombinase (prothrombin activator) complex.
- Tissue injury...
 - Tissue factor activates the Extrinsic Pathway
 - Exposure of Factor XII and platelets to collagen activates the Intrinsic
 Pathway
- Extrinsic pathway can be **explosive**, with clotting in <15 seconds, since it has less steps. However, it is limited in terms of TF, X, VII, V amounts.
- The Intrinsic pathway is slower $\rightarrow 1-6$ minutes would be need to form a clot if this pathway is activated alone.

Prevention of Clotting



- Anti-coagulation is also crucial and there are many mechanisms for clot prevention, such as:
- Smoothness of the endothelial surface
- Mucopolysaccharide coating (glycocalyx) repels platelets and clotting factors
- Thrombomodulin, bound to the endothelial surface, binds thrombin, localizing it and altering its substrate specificity, thereby causing thrombin to lose its ability to convert fibrinogen into fibrin.
- Also, the Thrombin-thrombomodulin complex activates Protein C → inactivates factors V and VIII
- Damage to glycocalyx activates factor XII & platelets (intrinsic pathway).
- If collagen is exposed → even more robust activation of the intrinsic pathway.

Negative Feedback

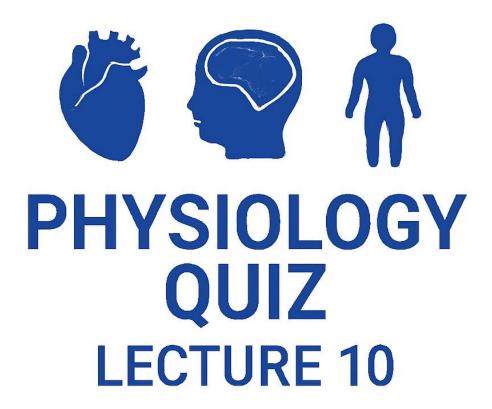
- Regulates the explosive nature of thrombin activation done by positive feedback
- Fibrin fibers bind 85-90% of thrombin and localize it to the clot
- Antithrombin III combines with the remainder and inactivates it over 12-20 minutes

Heparin

- It is an important anticoagulant found in our body, but physiologically, its availability is limited.
- Used therapeutically
- Highly negatively charged
- Binds anti-thrombin III and increases its effectiveness 100- to 1000-fold
- Heparin-antithrombin III removes free thrombin from the blood almost instantly
- Also removes XIIa, XIa, Xa, and IXa
- Produced by mast cells, basophils and it is particularly abundant in pericapillary regions of liver and lung because these areas have slow blood flow and are prone to clot formation.
- Thus, heparin plays an essential role in preventing local coagulation in these regions.

Clot Lysis

- At first Plasminogen is trapped in the clot with platelets and other factors, and its amount is low.
- Over several days, injured tissues release tissue plasminogen activator (tPA)
- Plasminogen is activated to plasmin, a protease resembling trypsin.
- Plasmin digests fibrin fibers and several other clotting factors, thereby removing and digesting the clot.
- Often results in re-opening repaired small blood vessels, a phenomenon known as recanalization.



For any feedback, scan the code or click on it.



Corrections from previous versions:

Versions	Slide # and Place of Error	Before Correction	After Correction
V0 → V1			
V1 → V2			ŤŘ.