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Endothelial and platelet markers in diabetes mellitus type 2

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Abstract

Diabetes mellitus (DM) is an extremely common disorder which carries a risk of vascular impairment. Diabetes mellitus type 2 (DM2) can be characterized by the dysfunction of haemostasis manifesting by stimulated coagulation process, disorder of platelet function and decreased fibrinolytic activity. These all are the reasons why DM2 is the most common acquired thrombophilia. Endothelial dysfunction along with platelet hyperactivity are unquestionably involved in the hyperactivation of

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FULL-TEXT ARTICLE[Thromb Res.](#) 1997 Jan 1;85(1):63-5.**Endothelial markers in diabetes mellitus.**[Galajda P¹](#), [Martinka E.](#), [Mokán M.](#), [Kubisz P.](#) **Author information****Abstract**

In this study we examined 22 NIDDM patients without vascular complications and 17 age-matched healthy blood donors. Von Willebrand factor (vWF) levels were significantly increased in NIDDM patients compared to healthy blood donors (1.33 +/- 0.39 vs 1.01 +/- 0.27 IU/ml p = 0.006), while thrombomodulin (TM) levels were similar in the both groups. vWF levels correlated with calcium dependent secretion parameters such as C-peptide (r = 0.680, p < 0.001) and PF4 (r = 0.613, p < 0.01) and did not correlate with calcium-independent markers of endothelial injury such as TM (r = 0.287, p = 0.196) and TFPI (r = 0.296, p = 0.181). Therefore it seems that increased levels of Cai-dependent endothelial and platelet activation markers may precede the signs of endothelial damage. This hypothesis requires further research.

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