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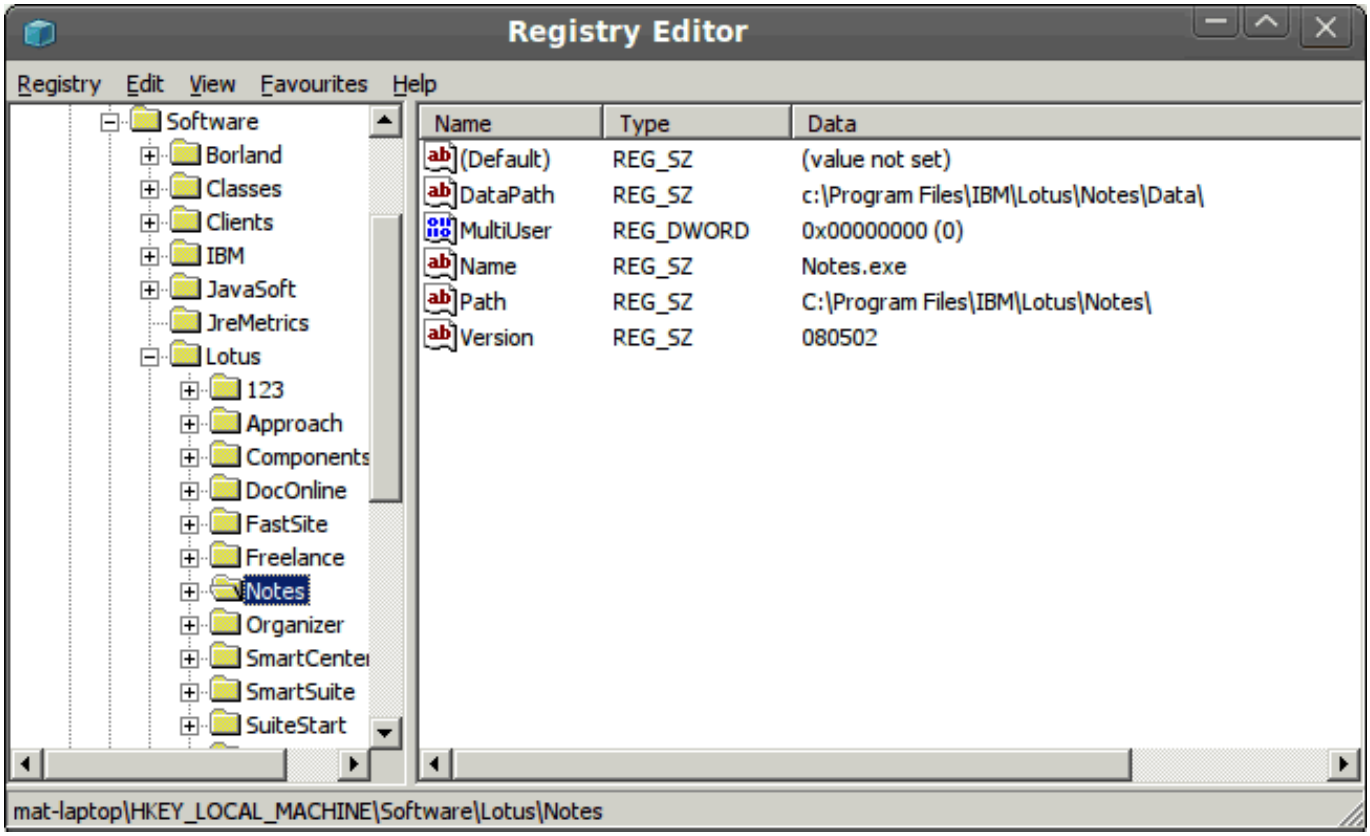

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Category:IBM softwareCopeptin in the management of acute coronary syndromes. The evaluation of patients with acute coronary syndromes (ACS) includes the assessment of their cardiac risk using the Global Registry of Acute Coronary Events (GRACE) score. However, coronary risk factors, coronary events, and GRACE scores can be overlooked in clinical practice. In this regard, novel and potentially useful markers are needed. C-terminal pro-B-type natriuretic peptide (CT-proBNP) is a cardiac peptide that has been used to identify patients at risk for the development of future cardiovascular events. Copeptin is a specific cleavage product of pre-pro-vasopressin, but it does not appear to be a useful clinical marker in identifying risk for future cardiovascular events. In this issue, a study by Ghobrial and colleagues demonstrates that copeptin is an important prognostic marker for adverse outcomes in patients presenting with ACS. Moreover, a combination of copeptin and the GRACE score provides better prognostic information than either marker alone. These data suggest that copeptin can be used to supplement current risk stratification strategies in patients with ACS and that further studies are warranted to evaluate the use of copeptin to guide therapy.Acute thrombotic thrombocytopenic purpura: platelet inhibition with IV immune globulin and the effect on thrombocytopenia in a patient with normal platelet factor 3 and von Willebrand factor. A 45-year-old white man was found to have severe thrombocytopenia (platelet count, 22,000/microliters) and a giant platelet clump in his blood that was initially thought to be macrothrombocytopenia. Platelet factor 3 (PF3) and von Willebrand factor (vWF) levels were normal, and the platelet aggregation response to adenosine diphosphate (ADP) and arachidonic acid was reduced. A diagnosis of idiopathic thrombotic thrombocytopenic purpura (TTP) was made. The patient was treated with IV immune globulin (IVIG) at a dose of 0.4 g/kg over 5 days, and his platelet count improved to 114,000/microliters within 4 days. At this time, the platelet aggregometry showed an ADP-induced maximal 82157476af