CLOTTING FACTOR DEFICIENCY	INHERITANCE	PREVALENCE IN GENERAL POPULATION	LABORATORY ABNORMALITY[a]			MINIMUM HEMOSTATIC LEVELS	TREATMENT	PLASMA HALF-LIFE
			aPTT	PT	TT			
Fibrinogen	AR	1 in 1,000,000	+	+	+	100 mg/dL	Cryoprecipitate	2–4 d
Prothrombin	AR	1 in 2,000,000	+	+	–	20%–30%	FFP/PCC	3–4 d
Factor V	AR	1 in 1,000,000	+/–	+/–	–	15%–20%	FFP[c]	36 h
Factor VII	AR	1 in 500,000	–	+	–	15%–20%	FFP/PCC	4–6 h
Factor VIII	X-linked	1 in 5000	+	–	–	30%	FVIII concentrates	8–12 h
Factor IX	X-linked	1 in 30,000	+	–	–	30%	FIX concentrates	18–24 h
Factor X	AR	1 in 1,000,000	+/–	+/–	–	15%–20%	FFP/PCC	40–60 h
Factor XI	AR	1 in 1,000,000	+	–	–	15%–20%	FFP	40–70 h
Factor XII	AR	ND	+	–	–	[b]	[b]	60 h
HK	AR	ND	+	–	–	[b]	[b]	150 h
Prekallikrein	AR	ND	+	–	–	[b]	[b]	35 h
Factor XIII	AR	1 in 2,000,000	–	–	+/–	2%–5%	Cryoprecipitate/FXIII concentrates	11–14 d

[a]Values within normal range (–) or prolonged (+). [b]No risk for bleeding; treatment is not indicated. [c]Since platelets contain FV, platelet transfusion can be used as therapy.

Abbreviations: aPTT, activated partial thromboplastin time; AR, autosomal recessive; FFP, fresh-frozen plasma; HK, high-molecular-weight kininogen; ND, not determined; PCC, prothrombin complex concentrates; PT, prothrombin time; TT, thrombin time.

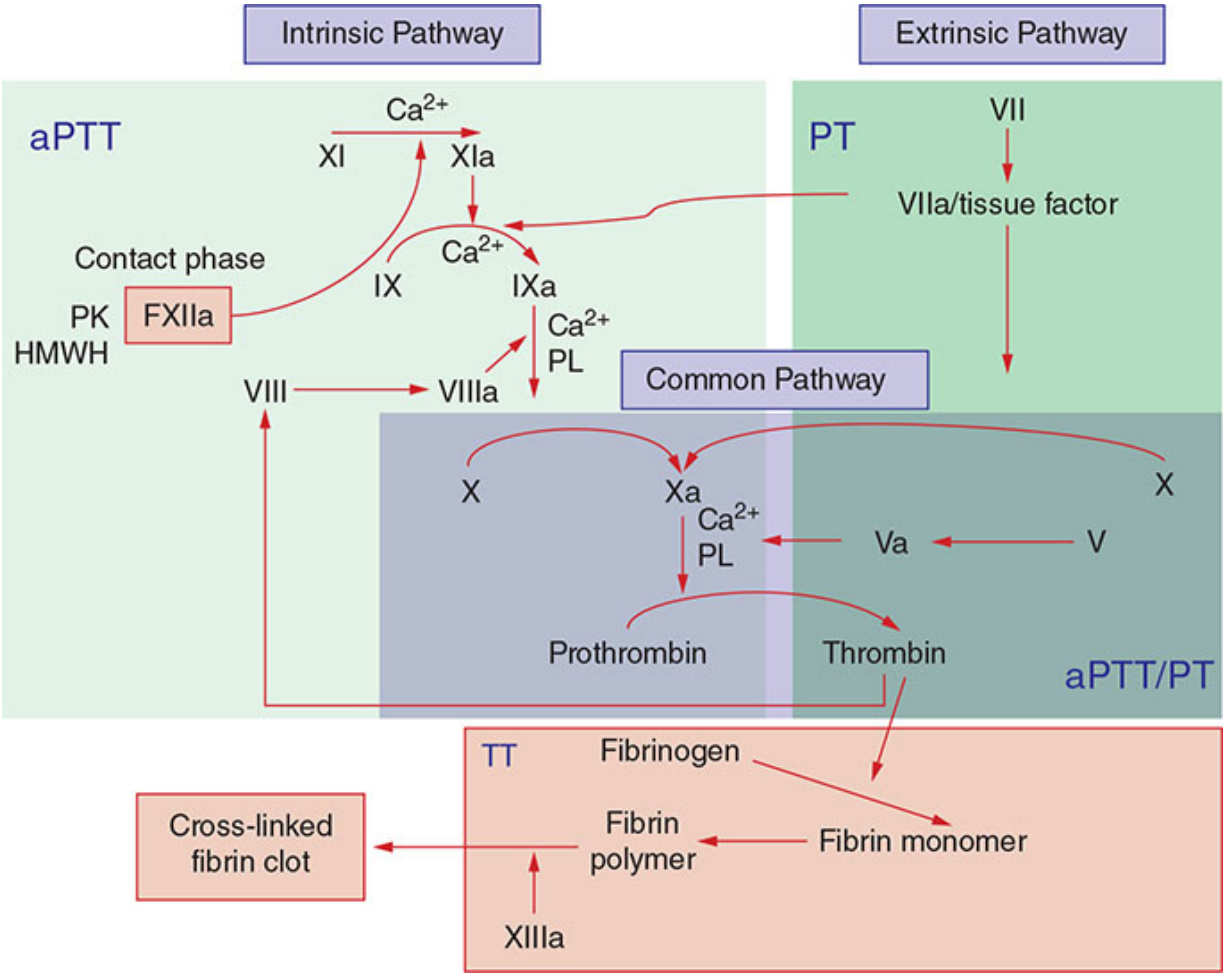

FIGURE 116-1 Coagulation cascade and laboratory assessment of clotting factor deficiency by activated partial prothrombin time (aPTT), prothrombin time (PT), thrombin time (TT), and phospholipid (PL).