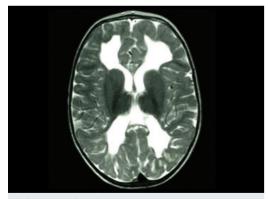
SIGNS & SYMPTOMS

Symptoms are driven by a shift in the balance between pro- and anti-coagulation factors that result in excess coagulation³

Excess coagulation causes the following clinical features.*



Getty images



Chalmers E et al. Arch Dis Child. 2011 Nov;96(11):1066-71.

*The symptoms presented here are not an exhaustive list. Other symptoms may be

Venous thrombosis

Large vessel venous thromboses may also occur, e.g. renal vein thrombosis.²

Cerebral venous thrombosis

Affected neonates also typically show significant neurological injuries resulting from antenatal or early postnatal cerebral venous thrombosis with secondary periventricular haemorrhagic infarction and hydrocephalus¹. Neurological complications can occur *in utero* and be diagnosed antenatally.⁵

Retinal vessel thrombosis

Blindness is a common manifestation of severe PC deficiency and may arise from vitreal bleeding, retinal vein, artery or vitreal vein thrombosis with retinal detachment manifesting as leucocoria or ischaemic optic atrophy.¹ Ophthalmic lesions may occur before or after birth.⁶



Chalmers E et al. Arch Dis Child. 2011 Nov;96(11):1066-71.

Purpura fulminans

Purpura fulminans (PF) is a rapidly-progressing thrombotic disorder involving haemorrhagic infarction of the skin and disseminated intravascular coagulation (DIC).¹ At first, skin lesions appear dark red and subsequently become purple-black and indurated.¹ In SCPCD, these lesions develop at pressure points, such as the back of the head, buttocks and heels.³







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If you suspect SCPCD conduct a PC Activity Assay Immediately 1,3

* SCPCD: Severe Congenital Protein C Deficiency

present in the event of severe PC deficiency.

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