Heparin, a blood thinner administered to decrease the clotting ability of the blood, may soon join the list of infamous products with risks of unrestricted uses far outweighing benefits. Of those 12 million patients who receive heparin each year, it is estimated that up to 5% (600,000) develop heparin induced thrombocytopenia (“HIT”). Of those patients that develop HIT, approximately 50% develop thrombosis, a life and limb threatening side effect that, if left untreated, can result in serious adverse events. Heparin-induced thrombocytopenia with thrombosis is commonly referred to as “HITT”. Without prompt effective treatment, the likely outcome is limb amputation in 10% to 20%, death in 20% to 30%, and residual deficits in survivors related to strokes, myocardial infarctions, and pulmonary emboli.

Using pharmaceutical industry and research statistics, it can be interpolated that the unrestricted use of heparin annually causes 100,000 HITT related deaths and severe injuries—and this figure does not include the known increase in injuries and deaths from isolated heparin antibodies (i.e., heparin antibodies not progressing to defined HITT). However, these injuries and deaths from both HITT and isolated heparin antibodies remain hidden because the injuries “mimic” the symptoms, conditions and outcomes already expected in patients, meaning the vast majority of heparin injuries and deaths routinely go unnoticed and undocumented by most health care providers. As more has become known about the high risk of death and injury from heparin, and as many alternative blood thinners come to market, the more obvious it becomes that continued uses of heparin in a broad area of specialties must be reevaluated.

Despite HITT being perhaps the largest cause of drug induced injury and death in modern times, heparin related immune injuries almost always go under diagnosed and untreated. This medical crisis has gained the increasing attention of the research community, with leading experts asserting that dangerous myths and misconceptions about HIT need to be corrected. Many of the myths and misconceptions in the medical community about heparin are perpetuated by the manufacturers’ heparin labeling and use instructions, which remain dangerously out of date and fail to disclose the very high risk of harm from unrestricted and routine use of heparin.

To date, Wilentz, Goldman & Spitzer has filed several cases throughout the country against heparin manufacturers asserting injuries and deaths due to the manufacturer’s failure to adequately warn of the true risks associated with heparin. If you have been administered heparin and believe you have suffered HITT or other side-effects from heparin, contact us to speak with a Heparin attorney.

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Heparin: The Unnoticed Side-Effects

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