

We have conducted a retrospective study on disseminated intravascular coagulation syndrome (DIC) in critical care.

The theoretical part of the study focusses on the epidemiology, pathogenesis, ethiology, clinical features, laboratory diagnosis, differential diagnosis, and medical complications of the disseminated intravascular coagulation syndrome, and describes the major therapeutic approaches.

The aim of this study is to determine the etiology and outcome of the treatment of 29 patients hospitalized because of a DIC diagnosis in General University Hospital in Prague between January 2006 and December 2009, to analyse the changes of the laboratory test values over time, to see if there is any correlation between the chosen variables, and to assess confidence in the diagnosis of DIC according to the ISTH criteria for the diagnosis of DIC.

The hypotheses that there will not be a significant difference between the gender, age and the laboratory values of DIC patients, that the mortality of septic patients with DIC will be a minimum of 50 %, and that the correlation between age, gender and the laboratory values in DIC patients will not be significant, were confirmed. On the contrary, the hypothesis that the platelet count of all the DIC patients will be smaller or equal to $100 \times 10^9 /l$, prothrombin time (INR) bigger or equal to 1,2, activated partial thromboplastin time longer than 40 sec, fibrinogen levels bigger than 2 g/l, that D-dimers will be twice as big as the normal level, and the hypothesis that all of the overt DIC patients will meet the criteria for the diagnosis of DIC according to the ISTH criteria, were rejected.

The outcomes measured in the above-mentioned study suggest that the mortality of DIC patients is still high, reaching almost 45 %, despite the early diagnosis and treatment.

We recommend each ward to have an algorithm for the DIC treatment, which would be introduced to the ward staff. We also recommend changing the fibrinogen degradation products criterion for D-dimers criterion in the ISTH criteria for the diagnosis of DIC.