

# Thrombolytic therapy is effective in paroxysmal nocturnal hemoglobinuria: a series of nine patients and a review of the literature

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Online Supplementary Table S1. Summary of patients not receiving tPA.

Pt	Age	M / F	% PNH III RBC	% PNH II RBC	%PNH PMNs	ANC	% retic	HGB	PLT	LDH	Site of thromboses	Reason for not giving tPA	Outcome	Follow-up (yrs) after thrombolysis
1	13	F	10	0	50	0.5	9	9.1	48	301	Cerebral vein IVC Bowel	Surgical resection for mesenteric ischemia	BMT-->death	1
2	43	M	11	1	28	1.9	3.4	11.1	123	N/A	Cerebral vein	Pt declined	LTFU	0
3	57	M	16	0	85	N/A	N/A	N/A	N/A	N/A	DVT	Not indicated for DVT	LTFU	0
4	42	F	18	0	100	1.3	3.6	9.6	114	794	Mesenteric vein	Surgical resection for mesenteric ischemia	Short bowel syndrome; death from refractory aplasia	12
5	31	M	21	0	50	0.2	0.3	5.3	16	N/A	Splenic, Renal, IVC, Hepatic vein	Hemorrhage from splenic rupture	Death from hemorrhage	0
6	32	F	8	15	40	2.3	2.1	12.4	74	363	Portal, Hepatic vein	Old thromboses by time of referral	Collateralization, s/p selective splenic artery embolization for hypersplenism, stable on ecuzimab and fondaparinux	16
7	13	F	3	20	97	N/A	N/A	9.8	36	436	Mesenteric vein	Surgical resection for mesenteric ischemia	BMT-->death	1
8	26	F	26	0	92	15.9	9.8	9.9	514	3170	Hepatic	Old thromboses by time of referral	Long term complications of Budd Chiari Syndrome, Death	6
9	32	F	23	6	98	2.3	15.8	8.9	108	2427	Mesenteric vein	Old thromboses by time of referral	Excellent	13
10	32	M	30	0	90	1.8	6.2	10.5	54	882	DVT	Not indicated for DVT	LTFU	0
11	23	M	32	0	91	4.1	5.1	9.5	127	1116	Splenic, SMV, Portal, Hepatic, Pulmonary Embolus	Asymptomatic at time of presentation	LTFU	1
12	24	F	47	0	73	0.3	11.4	10.7	26	1102	Splenic	Hypersplenism treated by selective splenic artery embolization	LTFU	2
13	16	M	52	5	98	3.7	5.9	10.6	87	1211	Portal vein	Old thromboses by time of referral	LTFU	0
14	21	F	45	15	80	3.1	3	10.9	103	N/A	Hepatic vein, IVC	Recent termination of pregnancy	Liver transplant	8
15	43	F	60	0	82	3.2	8.5	9.8	103	972	DVT	Not indicated for DVT	Excellent	5
16	42	M	64	0	91	1.6	0.4	10.1	93	726	DVT of the upper extremities, small vessels involving small bowel, skin, epididymal vein.	Thromboses not life threatening	Death from aplasia and monosomy 7	1/2
17	34	M	72	0	96	4.9	9.5	10.9	110	1170	Hepatic vein	Hepatic adenoma with suspicion for hemorrhage at time of presentation	Referral for liver transplantation	1/2
18	28	F	72	0	97	8.4	5.4	10.6	62	996	Hepatic, Portal vein	Insidious onset	Bone marrow transplantation for refractory aplastic anemia	7
19	53	M	83	0	99	8.6	15.1	8.4	156	N/A	Renal vein CVA	Old thromboses by time of referral	Sequelae of CVA, died, 5 months after thrombolysis	1/2
20	36	F	67	21	98	4.8	17.6	7.8	132	N/A	CVA	Old thromboses by time of referral	Sequelae of CVA, died, 9 years after thrombolysis	9
21	28	F	86	4	93	13.2	14.9	9.2	352	3370	Hepatic, Portal, DVT, CVA (possibly venous)	Old thromboses by time of referral	Good, lower extremity post phlebotic changes, stable on ecuzimab and coumadin	24
22	25	M	1	99	99	3.8	N/A	13.1	314	N/A	Portal, Splenic, Cerebral vein	Old thromboses by time of referral	Excellent	9
23	31	F	18	0	78	3.3	8.6	10.1	198	1440	Celiac, Subclavian, Splenic, Portal, Hepatic vein	Old thromboses by time of referral	Excellent	12
24	31	M	0	0	6	1.3	1.7	11.1	50	178	Retinal vein	Not indicated	BMT for aplastic anemia	1
25	40	F	4	N/A	54	1	3.6	8.7	15	1.3x nl	Portal, Splenic, Superior mesenteric vein	Severe thrombocytopenia, history of bleeding, unclear chronicity	Cavernous transformation, portal hypertension, esophageal varices, gradual loss of PNH clone, clinical improvement	7
26	24	M	43	N/A	84	3	3.8	11.1	132	3x nl	Pulmonary embolus	Not indicated for PE	Excellent, on ecuzimab	3
27	34	F	38	N/A	34	2.3	4.3	8.9	144	5.6 x nl	Hepatic, Splenic vein	Recanalization on anticoagulation by time of referral	Excellent on coumadin and ecuzimab	4
28	38	F	23	N/A	57	1.8	3.1	9.6	83	2.7x nl	Peripheral branches of Hepatic vein, Portal vein	All thromboses were non-occlusive	Excellent, on fondaparinux and ecuzimab	5
29	37	F	12	N/A	35	1.9	1.1	10.4	68	1.5 x nl	Unilateral non visualization of transverse sinus	Asymptomatic, unable to differentiate radiologically from congenital variant	Asymptomatic on anticoagulation, eventual loss of PNH clone	7
30	17	M	5	N/A	33	1.7	2.7	8.9	29	1.7 x nl	Popliteal DVT	Not indicated for DVT	Recurrent upper extremity DVT despite anticoagulation, resolved/stable on fondaparinux and ecuzimab	7
31	42	M	10	1	92	2.5	2.1	11.1	29	3.2x nl	Portal vein, Splenic vein	Old thromboses by time of referral	Collateralization, some hypersplenism; Excellent on fondaparinux and ecuzimab	3
32	49	F	8	84	95	1.5	2.7	11.3	124	3.4 x nl	Peripheral branches of portal vein, Pulmonary Embolus	Not indicated for branch thromboses or PE	Excellent, resolution with fondaparinux and ecuzimab	1/2