PLATELET ACTIVATION AND PLATELET-MONOCYTE INTERACTIONS CORRELATE WITH MUCOSAL INFLAMMATION AND DISEASE SEVERITY IN ULCERATIVE COLITIS

Makoto Naganuma

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A flowcytometry study of 70 ulcerative colitis patients found that platelet activation marker CD62P and platelet-monocyte complexes correlated with endoscopic disease severity and decreased with treatment.

KEY POINTS

- CD62P expression on platelets was significantly higher in UC patients versus healthy controls ($p<0.01$) and significantly higher in severe disease (MES3) versus milder disease (MES0-2) ($P<0.001$), while other platelet markers showed no difference
- Platelet-monocyte complex proportion was higher in MES3 versus MES0-2 groups ($P<0.05$) and decreased significantly with treatment ($P<0.05$)
- CD16-positive monocytes, a pro-inflammatory population, were elevated in UC patients ($P<0.01$) and showed higher CD16 expression when aggregated with platelets versus unaggregated ($P<0.001$)
- The authors conclude that platelet activation may accelerate mucosal inflammation through monocyte adhesion and contribute to UC disease aggravation
- This material is relevant for researchers investigating inflammatory mechanisms and potential biomarkers in ulcerative colitis

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