

Conclusion

Clinical takeaway from the ClotPro® viscoelastometry study

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Low ML values ($\leq 13\%$) in TF-triggered viscoelastometry were unaffected by complete pharmacological inhibition of fibrinolysis.

Low ML does not reflect plasmin-mediated fibrin degradation, and ML values below the reference range should not be equated with fibrinolysis shutdown.



Likely explanation: alternative mechanisms, especially platelet-driven clot retraction, may account for the modest amplitude decline.



Better assessment: diagnose fibrinolysis shutdown using assays that directly assess fibrinolytic response, such as the tPA-challenge.



Clinical caution: clinicians and researchers should interpret low ML values carefully to avoid misclassification and mismanagement.



Source: Smudla et al. Diagnostics, 2025/2026 peer-review version