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Preface

Emerging Use of Viscoelastography in Thrombosis and Hemostasis: A Challenge to Conventional Coagulation Tests?—Part II: The Use of Thromboelastography and Thromboelastometry in the Assessment of Clinical Disorders

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In the first issue of *Seminars in Thrombosis and Hemostasis* related to the theme of viscoelastography in thrombosis and hemostasis, both thromboelastography (TEG) and rotational thromboelastometry (ROTEM) were presented to our readers as methods to study hemostatic functions. In the present issue, more articles on this topic continue with their application to clinical conditions. The first article is a review of literature on their use in the management of patients with hypercoagulability in prostate cancer.[1] This is followed by a discussion of their use in the perioperative period of liver transplantation.[2] The next article discusses the use of ROTEM in predicting transfusion requirements in total joint arthroplasties.[3] Similarly, TEG is useful in the management of postpartum hemorrhage.[4] Viscoelastography is also used in preprocedure workup in patients with cirrhosis of the liver,[5] and in those with myeloproliferative neoplasms.[6] The next article deals with a modification of ROTEM by not activating the coagulation process *in vitro* in order to detect any endogenous activation of hemostasis in the non-activated thromboelastometry (NATEM) assay.[7] The TEG can also be used to evaluate platelet function.[8] The last article shows a new technique using resonant acoustic rheometry that measures the kinetics of coagulation.[9]

We hope our readers will find these articles as informative and exciting as we do. A better understanding and utility of viscoelastography of TEG and ROTEM is challenging.

Conflict of Interest
None declared.

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