

Delayed Postpartum Hemorrhage in a Parturient with Glanzmann Thrombasthenia

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- Glanzmann thrombasthenia (GT) is a rare autosomal recessive bleeding disorder characterized by either deficient or dysfunctional GIIb/IIIa glycoprotein, which manifests as impaired platelet aggregation.
- Because clot formation is compromised, the parturient with GT presents several unique challenges to the anesthesiologist.

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- 23 yo G2P0010 with GT for elective primary cesarean section at 37 weeks
- **Preop:** History of epistaxis and menorrhagia requiring platelet transfusions
- **ROTEM:** prolonged clotting time, prolonged clot formation time, and reduced alpha angle. Administered prophylactic oral TXA series prior to IV TXA and 2 packs of platelets
- **Intraop:** Following placement of an arterial line, GA was induced uneventfully. Oxytocin, carboprost, misoprostol and 1 additional pack of platelets administered after delivery. QBL 788 mL. Extubated in OR
- **Postop:** 7-day postpartum hospital course for delayed PPH surveillance. Discharged home
- **Readmission:** Represented on PPD15 with symptomatic anemia secondary to vaginal bleeding.
- **Intraop:** Emergent uterine artery embolization performed under GA. Transfused 2u pRBCs and 2 packs of platelets. D&E was followed by Bakri balloon placement. Transferred to ICU intubated.
- **Postop:** Extubated on POD1 and placed on TXA and methylergonovine series. On POD2, administered 1 pack of platelets, 1u pRBCs, and DDAVP prior to deflation of Bakri balloon. Discharged home on POD4

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- Learning points
 - This case illustrates the importance of multidisciplinary predelivery planning and postpartum bleeding surveillance for the parturient with GT
 - Prophylactic platelet and antifibrinolytic administration are critical in mitigating hemorrhage risk in the immediate postpartum period
 - Despite adequate planning and preparation, these patients are still at risk for delayed PPH