

# **Surgical abortion during the second trimester in a patient with plasminogen activator inhibitor type 1 deficiency**

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- Twelve percent of abortions are performed in the second trimester, the majority of these by dilation and evacuation (D&E) after laminaria dilation of the cervix
- Plasminogen activator inhibitor type 1 (PAI-1) is an important component of the coagulation system that down-regulates fibrinolysis in the circulation
- Reduced PAI-1 levels may result in increased fibrinolysis and an associated bleeding diathesis



# Case Presentation

- A 22 year old G3P1011 at 13w3d with history of (PAI-1) deficiency, asthma and sickle cell trait presented for a D&E procedure. Pregnancy was complicated by headaches associated with blurry vision and peripheral vision loss requiring ICU admission with concerns for pituitary apoplexy.
- MRI: COMPLEX GLANDULAR CYST
- FFP and TXA given at the beginning of the procedure in the setting of significant bleeding history, as per hematology recommendation
- Anesthesia course: General anesthesia, arterial line in place for strict BP control due to concerns for intracranial process. Minimal blood loss.
- PACU course: unremarkable recovery. Additional dose of TXA and misoprostol given. Patient discharged the next day with a 2 week course of aminocaproic acid



# Learning points

- D&E procedures are associated with an increased risk of bleeding, which is exponentially increased in patients with concomitant coagulation disorders
- Significance of multidisciplinary approach for an optimal intra-operative plan and recovery
- Timely planned blood products and hemostatic management is essential in order to prevent significant mortality/morbidity associated with uncontrolled hemorrhage

