

First Reported Epidural Placement in Patient with Factor V Deficiency – A Surprise During Preoperative Evaluation for Placenta Accreta Spectrum

- G2P1 at 35 weeks with placenta accreta spectrum
- Hx uncomplicated epidural for labor, C-section for failure to progress
 - PPH due to uterine atony, QBL 1010 mL
- Two 14g PIV placed in pre-op, then routine labs sent resulted with...

APTT	49.9
PT	23.1
INR	2.0
Fibrinogen	440



Repeat →

APTT	47.8
PT	23.5
INR	2.2

TEG: elevated R time
STAT **hematology** consult!

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- PT and APTT **mixing studies normal**
- Anti Xa levels normal
- Factor V activity level (~24 hour turnaround) ... **< 11% activity**
→ **Congenital Factor V Deficiency** (Owren's Disease, Parahemophilia)
- Rescheduled for 2 days later, 2u FFP given in preop

“...Had an epidural last time without issues, why not for this delivery?”

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	Pre-op, 2u FFP	12/9/22 (during MTP)	Postoperative (6hr postpartum)	POD 2 Discharge
APTT	26.3	25.9	26.4	40.3
PT	17.9	16.8	15.8	19
INR	1.5	1.4	1.3	1.6
Fibrinogen		267	410	334

*EBL 3500mL, increta
4u PRBC
+4u FFP
1 pooled cryo (10u)
TXA*

- Outpatient labs confirmed **Congenital Factor V Deficiency**
 - Heterozygous for two changes in FV gene, one pathogenic and one unknown significance
 - Incidence: one in a million
 - Common manifestations: epistaxis, gingival bleeding, ecchymoses, menorrhagia
 - Treatment: FFP, consider Platelets if refractory *(20% stored in PLT granules)*
 - Only curative treatment may be *liver transplant*