

Isolated Hypofibrinogenemia in an Obstetric Patient

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Background

- ◉ Pregnancy is associated with physiologic hyperfibrinogenemia
- ◉ Isolated low fibrinogen levels raise concern for congenital fibrinogen disorders (CFD)
- ◉ Fibrinogen replacement is widely recommended in response to acquired hypofibrinogenemia and active bleeding
- ◉ Anesthetic management guidance in the setting of CFD is limited

The Case

- 29-year-old G1P0, 38+1 weeks presented in painful labor with an episode of vaginal spotting
 - Past Medical History: No history of bleeding or anticoagulant use
 - Family history: sister with low fibrinogen
 - Due to severe labor pain, a lumbar DPE was placed prior to lab results
 - Lab results: fibrinogen 56 mg/dL (repeat <50 mg/dL)
 - Thromboelastography (TEG) demonstrated preserved clot strength
 - Fibrinogen goal >100 mg/dL
 - Labor course: recurrent late decelerations → Cesarean delivery
 - Quantitative blood loss 745 mL
 - Postpartum course: fibrinogen goal >150 mg/dL for 3 days postpartum

Teaching Points

- ◉ Universal recommendations during pregnancy and delivery:
 - Fibrinogen ≥ 100 -150 mg/dL
 - Extend targets to neuraxial procedures
- ◉ Viscoelastic hemostatic testing may have a role in isolated hypofibrinogenemia
 - May identify obstetric patients at risk for adverse outcomes
 - May lead to reduced transfusion requirements
- ◉ Multidisciplinary management and guidelines to define fibrinogen and viscoelastic targets may optimize neuraxial safety and maternal outcomes