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# Hemophilia and Gastrointestinal Bleeding: Beyond Hemarthrosis

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## OBJECTIVE

This retrospective study aimed to evaluate gastrointestinal bleeding (GIB) events in patients living with hemophilia A/B (PLwH A/B) at the Ege Adult Hemophilia and Thrombosis Center, considering the complexity of managing GIB in this population.

## METHOD

We included 26 male PLwH A/B with a history or preliminary diagnosis of GIB between January 2021 and December 2022. Data on age, hemophilia type, previous hemophilia treatment, prophylaxis compliance, factor inhibitor presence, concomitant use of nonsteroidal anti-inflammatory drugs (NSAIDs), indications for endoscopy, and diagnoses were recorded. Statistical analysis was performed.

## RESULTS

The study included 21 hemophilia A and 5 hemophilia B patients, with a median age of 43 years. Fifty percent had severe hemophilia, 30.8% had moderate hemophilia, and 12.2% had mild hemophilia. Factor inhibitor was detected in 11.5% of patients. Indications for gastrointestinal endoscopy included bleeding (69.2%), abdominal pain (19.2%), and unexplained anemia (7.7%). Eighteen patients underwent endoscopy, and pathological analysis was available for 7 of them. The reported diagnoses included peptic ulcer, gastritis, colon polyp, colon adenocarcinoma, colonic ulcer, Meckel diverticulitis, and *Helicobacter pylori* infection. Eight patients required surgery based on gastrointestinal pathology. Twelve patients reported NSAID use, and recurrent GIB occurred in 12 patients. Only 1 death unrelated to GIB was reported.

## CONCLUSIONS

GIB can occur in PLwH A/B and should not be solely attributed to hemophilia. Optimal preventive management, including treatment of *H pylori* infection, management of comorbidities, avoidance of drugs that cause bleeding, and close monitoring for GIB, is essential in PLwH A/B. A multidisciplinary approach and optimal timing of endoscopy are recommended for effective GIB management in this population.

## REFERENCES

C. D. FORBES and others, Gastrointestinal Bleeding in Haemophilia, *QJM: An International Journal of Medicine*, Volume 42, Issue 3, July 1973, Pages 503–511, https://doi.org/10.1093/oxfordjournals.qjmed.a067350

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