J Clin Case Rep 2016, 6:5 (Suppl)
http://dx.doi.org/10.4172/2165-7920.C1.009



## Thromboelastometry-guided hemostatic therapy: An efficacious approach to manage bleeding risk in acute fatty liver of pregnancy: Case report

**Tomaz Crochemore**
Hospital Israelita Albert Einstein, Brazil

**Introduction:** Acute fatty liver of pregnancy (AFLP) is a rare but life-threatening disease. AFLP is characterized by liver failure with different degrees of coagulopathy. Outcome and survival can be dramatically improved with prompt recognition and treatment. Thromboelastometry has been considered a point of care for the management of bleeding patients. It could, therefore, be an alternative tool to treat the complex cases of AFLP involving liver failure and coagulopathy. Through this study, we present our successful experience of an AFLP case that was submitted to an emergency cesarean section in which blood transfusion was guided by thromboelastometry.

**Case presentation:** We report the case of a previously healthy 28-year-old woman, Afro-Brazilian, in her first pregnancy with no medical records until the 36th pregnancy week. She presented to our emergency department with an acute onset of abdominal pain, jaundice, nausea and vomiting. The laboratory examinations revealed metabolic acidosis, acute kidney injury (serum creatinine 3.4 mg/dL), platelets 97×103/mm3, serum fibrinogen 98 mg/dL and increased international nationalized ratio (INR 6.9) without acute bleeding. An emergency cesarean section was indicated. Based on the results of the thromboelastometric tests EXTEM and FIBTEM, prothrombin complex concentrate and fibrinogen concentrate were administered at the beginning of the cesarean section which succeeded with no major bleeding and without need of further transfusion.

**Conclusions:** Thromboelastometry may be considered a useful, feasible and safe tool to monitor and manage coagulopathy in obstetric patients with acute fatty liver of pregnancy with the potential advantage of helping avoid unnecessary transfusion in such patients.

tomaz.crochemore@einstein.br

## Pregnancy with anemia and severe thrombocytopenia secondary to vitamin B12 deficiency: A rare presentation

**Youssef Abo Elwan** and **Waleed Husain**
Hera General Hospital, KSA

A 24 years old Saudi Patient G3 P2+0.35 weeks pregnancy was admitted as an emergency case complaining of dizziness and fatigability; she also suffered of nausea during her pregnancy. She had history of delivery of anencephaly; she was a known case of hypothyroidism. Upon admission she was pale but not jaundiced. Her Hb was 4.9 gm/dl, MCV 82.30 fl (80-101), MCH 28.80 pg (27-33), Retics 0.18% (0.2-2), her platelet count dropped from 40,000 to 27,000 /mm3 after 3 days from admission LDH 5175. Her B.P 120/80, no proteinurea, her ALT and AST was within normal. She received 3 units of packed RBCs on admission. Based on thrombocytopenia, high ESR and splenomegaly, she was through to have connective tissue disease and she received pulse methylprednisolone for 3 days, however with no response. Later on we repeated blood film and serum B12 level which showed hypersegmented neutrophil and serum B12 was very (31.9 pmol/L; N=148-616). It was clear at that time; the cause of severe thrombocytopenia was vitamin B12 deficiency. So cyanocobalamine injection started which showed within few days marked improvement in platelet count up to 260.000/mm3, Hb 11.7 g/dl, retics 10.9%, after less than 10 days from starting vit B12 injections. Patient continued her pregnancy and delivered spontaneously 2270 gm with good Apgar score. We concluded that vitamin B12 deficiency should be considered as a cause of severe thrombocytopenia although it is rare.

aboelwan@yahoo.com