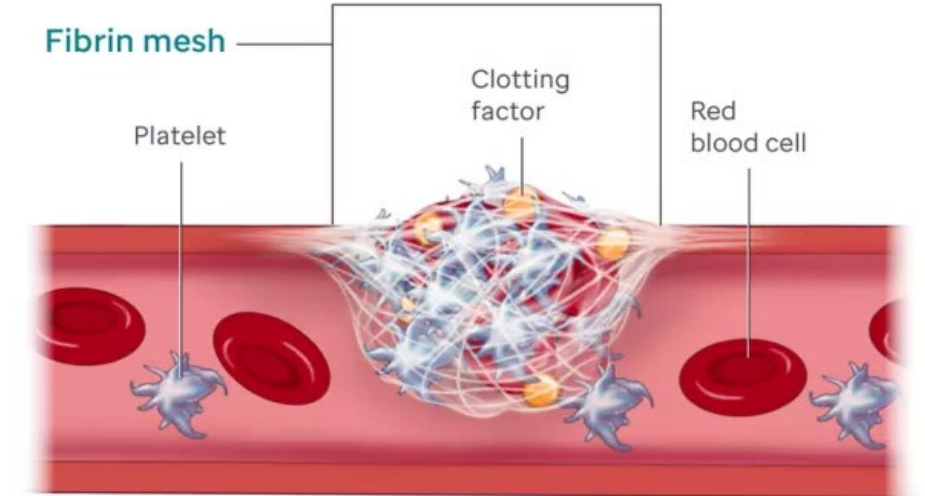


# Dysfibrinogenemia—A Wild Ride on the Carousel of Clotting

Nilang Shah MD, Patrick Hesketh MD, Stephanie Woodward MD, Laura Sorabella MD

## *Background:*

- Fibrinogen is critical in coagulation and anti-coagulation/thrombolysis
- Significant genotype-phenotype variation among patients with both bleeding/clotting phenotypes
- No current guidelines on safety of neuraxial anesthesia with CFDs



[together.stjude.org](http://together.stjude.org)

# Case Presentation

## Clinic

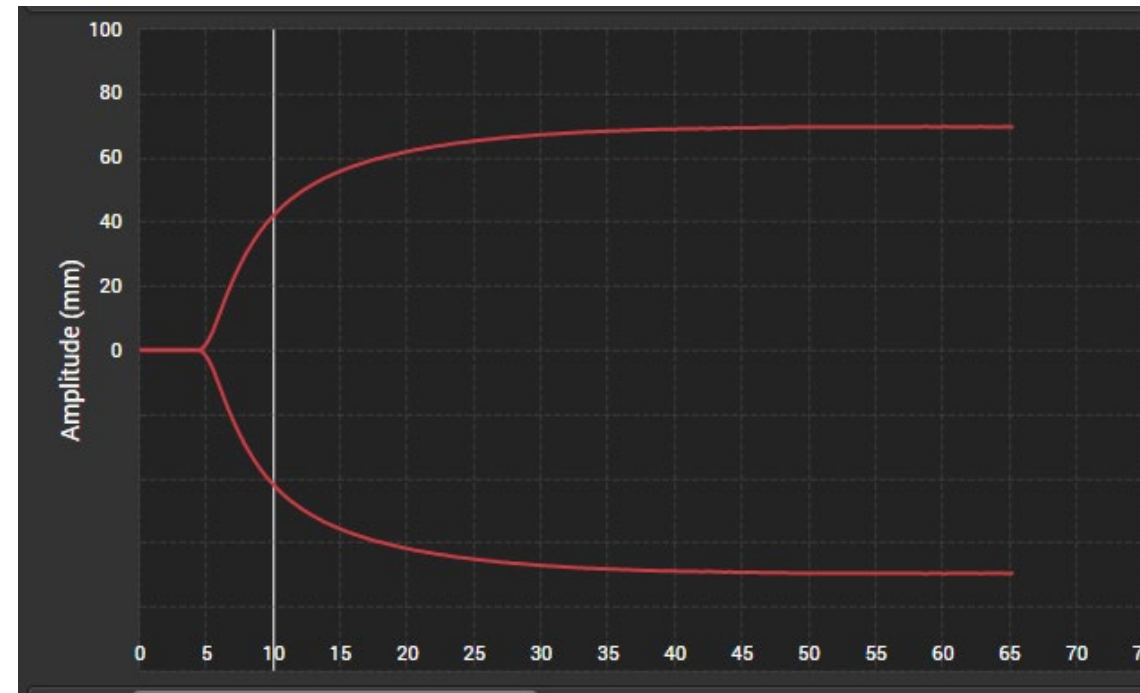
- 21 G1P0 @ 32 weeks referred for MFM/Heme
- Work up:
  - low fibrinogen activity
  - Elevated PT/INR
  - High anti-fibrinogen level
- OB anesthesia plan made for IOL/bleeding

## L&D

- Presents to triage prior to IOL for NRFHR
- Pre-op TEG normal

## OR

- Taken for urgent C/S under GA
- Uncomplicated C/S w/ normal EBL



# Learning Points

## Parturient Management:

- Dysfibrinogenemia can be both pro/anti-thrombotic—weigh risk of bleeding & thrombosis!
- Multidisciplinary team management & labor plan early

## Neuraxial Anesthesia:

- Standard labs may not clinically correlate with patient phenotype
- TEG is useful for identifying coagulopathy and guiding resuscitation

### References:

1. PMID: 37172732
2. PMID: 2822844
3. PMID: 33861047