Bleeding disorders

Contents

This page was last modified on 11 June 2024, at 17:30.

Bleeding disorders not transmissible via HCST

Clotting factors synthesized by liver or endothelia; nutritional / by medication; vascular disorders:

Including:

Haemophilia A and B including symptomatic female carriers, Haemophilia C, Hypofibrinogenemia, Factor XII deficiency, combined factor deficiencies, von Willebrand Disease (Type I, II and III);

Vitamin K deficiency, oral anticoagulant therapy (see also Thrombosis and Thrombophilia);

Hereditary haemorrhagic telangiectasia (Osler disease), Ehlers-Danlos syndrome;

Individual at risk

Donor

Guidance at RECRUITMENT for adult volunteer donor and maternal donor (cord blood donation)

Unacceptable if history of bleeding complication.

Donors with haemophilia A or B are not suitable for unrelated donation. [1]

Guidance at CT/WORK-UP

Check coagulation status already at CT, and extended coagulation status at Work-up.

Clinical reasoning by physician should apply. Donor could be eligible, eligible for PBSC only, temporarily unavailable or permanently deleted accordingly.

Justification for guidance

Obvious risk for bleeding complication during / after marrow collection PBSC risk due to transient low platelet counts, anticoagulation agents and venepuncture.

Bleeding disorders transmissible via HSCT

Thrombocyte disorders, acquired / immunogenic bleeding disorders, infections coagulopathies

Including:

Platelet dysfunction and asthenia; von Willebrand disease (platelet type)

Thrombocytopenia, including ITP, TTP and HIT in medical history

Individual at risk

Donor / recipient

Guidance at RECRUITMENT

Defer if history of bleeding, thrombocytopenia or thrombosis.

With clinical reasoning by the assessing physician, the donor might be eligible to join.

Justification for guidance

Obvious risk for bleeding complication during / after BM collection and PBSC unless adequately managed medically.

PBSC risk due to transient low platelet counts (in case of mild constitutional thrombocytopenia, BM collection might be preferable), anticoagulation agents, venepuncture and potential immunomodulatory effect of G-CSF.

Transmission of bleeding disorder to recipient is clearly highly undesirable.

References

1. Suitability of Haematopoietic cell donors: updated consensus from the WBMT standing committee on donor issues. Lancet Haematology 2022;9:e605-614. www.thelancet.com/haematology Vol 9 August 2022.
2. G Kertész.Case Report: A Child with Haemophilia A serves as donor for haematopoietc stem cell transplantation to cure his brother's severe aplastic anaemia. Pathology and Oncology Research. Vol 28: article 1610171. June 2022.

Version	Published	Changed By	Comment
CURRENT (v. 5)	Jun 11, 2024 17:15	Eefke van Eerden	

v. 4	Jun 11, 2024 17:15	**Eefke van Eerden**	Updated guidance at Recruitment; Removed guidance at CT/WU for transmissable bleeding dis
v. 3	Jan 30, 2019 12:21	**Riny Heijdendael**	updated link

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