Bleeding disorders

Contents

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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.

Otherwise clinical reasoning by a physician should be used. May be eligible for donation by PBSC only.

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.

Guidance at CT/WORK-UP

With clinical reasoning by the assessing physician, such a donor might be eligible to donate, eligible for PBSC or BM only, be made temporarily unavailable or permanently deferred.

Inform requesting transplant centre and proceed only if requested.

Check coagulation and status at CT, and consider extended coagulation test at work-up if indicated.

Justification for guidance

Obvious risk for bleeding complication during / after BM collection.

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.