



- **Hemostasis:** blood vessel injury → vasoconstriction → platelets adhesion → platelets aggregation → formation of platelet plug → formation of fibrin by coagulation cascade → fibrin will stabilize the primary platelet plug → leading to the formation of blood clot.  
Note: any defect or abnormality in one of these sequences (mainly: blood vessels, platelets or coagulation system) will result in bleeding disorders.

- **Coagulation system:**

Extrinsic pathway	Intrinsic pathway
<b>Activated within:</b> seconds	<b>Activated within:</b> minutes
<b>Triggered by:</b> tissue trauma	<b>Triggered by:</b> blood trauma or contact with collagen
<b>Cascade:</b> Tissue injury → Release of tissue factor (TF) → TF binding to factor VIIa → Formation of factor Xa → Factor Xa acting with factor V to form prothrombin activator → Conversion of prothrombin to thrombin → Thrombin will convert fibrinogen to fibrin.	<b>Cascade:</b> Blood trauma or contact with collagen → formation of factor XIIa → Formation of factor XIa → formation of factor IXa → factor IXa with factor VIII will activate factor X and form factor Xa → Factor Xa acting with factor V to form prothrombin activator → Conversion of prothrombin to thrombin → Thrombin will convert fibrinogen to fibrin.

- **Common causes of coagulation disorders leading to bleeding:**

- Von Willebrand Disease (VWD).
- Hemophilia A or B
- Disseminated intravascular coagulation (DIC).
- Liver disease (because liver is the site of production of coagulation factors).

- **Features of bleeding disorders include:**

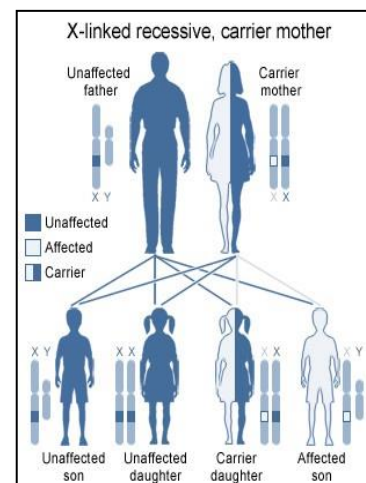
- **Bleeding:**
  - ✓ From the skin and mucous membranes (nose, gums...etc) in case of disorders resulting from abnormalities in the vessels or platelets.
  - ✓ Into joints and soft tissues in case of disorders resulting from abnormalities in the coagulation system.
  - ✓ Menorrhagia (in females).
  - ✓ Easy bruising.

- **Hemophilia:**

- **There are two main types of hemophilia (which are x-linked recessive):**
  - ✓ **Hemophilia A:** also know as classical hemophilia, characterized by deficiency in factor VIII & affects 1:5000 males.
  - ✓ **Hemophilia B:** also know as Christmas disease, characterized by deficiency in factor IX and affects 1:25,000 males.

• **Clinical manifestations include:**

Serious	Life threatening
Bleeding in joints (hemarthrosis) especially knee & elbow – bleeding in muscles & soft tissues – nose, gums & mouth bleeding – hematuria	Bleeding in CNS (rare) – GI bleeding – bleeding of neck & throat – severe trauma



• **Diagnosis:**

- ✓ **PT:** normal
- ✓ **APTT:** ↑
- ✓ **Factor VIII or Factor IX levels:** ↓ (depending if hemophilia is type A or B).
- ✓ **Family history:** positive (usually).

• **Severity (related to factor VIII or factor IX levels):**

- ✓ **Severe (<1%):** spontaneous hemarthrosis.
- ✓ **Moderate (1%-5%):** gross bleeding following mild-moderate trauma.
- ✓ **Mild (5%):** severe hemorrhage only after severe trauma or surgery.



- **Treatment:**
  - ✓ Recombinant factor VIII or factor IX. The problem is that with prolonged-therapy with these recombinant factors, the patient is going to develop antibodies against them. This requires bypassing these factors by FEIBA or factor VIIa.

- **Von Willebrand Disease (VWD):**

- It is an autosomal dominant (AD) disease characterized by mutations in VWF which is found on chromosome 12. VWF is produced in endothelial cells & megakaryocytes and stored in Weibel-palade bodies as Ultra Large Von Willebrand Factor (ULVWF).
- ULVWF is cleaved in the plasma by ADAMTS13 metalloprotease.
- **VWF functions:**
  - ✓ Aid in the adhesion of platelets.
  - ✓ Carrying factor VIII & prolonging its half life (t<sub>1/2</sub>).
- **Clinical features include:**
  - ✓ Bleeding from skin (easy bruising) and mucous membranes (epistaxis).
  - ✓ Prolonged bleeding after minor trauma.
  - ✓ Menorrhagia in women (with varying severity).

• **Types of Von Willebrand Disease:**

	Type 1	Type 2	Type 3	Platelet type
Inheritance	AD	AD	AR	AD
Frequency	70-80	10-12	1-3	0-3
Bleeding time	N	↑ed	↑ed	↑ed
Platelets	N	N	N	↓ed
FVIII	↓ed	N	absent	N
VWF:Ag	↓ed	↓ed	absent	N/↓ed
VWF activity	↓ed	↓ed	absent	N/↓ed

- **Lab investigations:**
  - ✓ PT: normal
  - ✓ APTT: ↑
  - ✓ Factor VIII level: ↓ (but it is normal in type 2)
  - ✓ Ristocetin: ↓
  - ✓ VWF antigen: ↓ (in type 1 and 3).
- **Treatment:**
  - ✓ Desmopressin (DDAVP).