Post Circumcision Bleeding due to Undiagnosed Hemophilia: a Case Report

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Post Circumcision Bleeding due to Undiagnosed Haemophilia: a Case Report

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Abstract

Background. Hemophilia is an X-linked recessive bleeding disorder caused by the deficiency of coagulation factors VIII, IX, or XI. In Indonesia, it is estimated that there are 20,000 hemophiliacs out of 270 million population. In about 20% of cases no family history is found, but known when there is spontaneous bleeding that occurs after trauma / surgery. The objective of this study is to describe case of post circumcision bleeding due to undiagnosed hemophilia in primary health care facility.

Case. A 5 years old child experienced bleeding seeps for 16 days from circumcision wound performed in primary health care facility. After reoperated in the hospital, the seeps had stopped for a day then seeped again, therefore the patient admitted for third times. There were no history of previous spontaneous bleeding, no family history of bleeding disorders. Physical examination revealed spontaneous bleeding from the circumcision wound (fig. A). Laboratory finding: Haemoglobin = 10.4 g/dL, White Blood Cell = $8.1x10^3/\mu L$, Haematocrite = 30.7%, Platelets = $413 x10^3/\mu L$, PPT = 11.4 seconds, APTT = 92.0 seconds. Complete blood count showed normal result and prolonged APTT with normal PPT.

The patient received 500 IU of factor VIII replacement for 2 days and 125 mg tranexamic acid injection three times a day. 6 Fr urinary catheter insertion was performed, then treated the circumcision wound with tulle dressings, gauze, bandaged with an elastic fixation bandage toward umbilical (fig. B). After 3 days of hospitalization, the spontaneous bleeding had stopped and the patient discharged (fig. C).

Figure A. Post circumcision bleeding

Figure B. Circumcision wound was treated with tulle dressings, gauze, bandaged with an elastic fixation bandage toward umbilical**.**

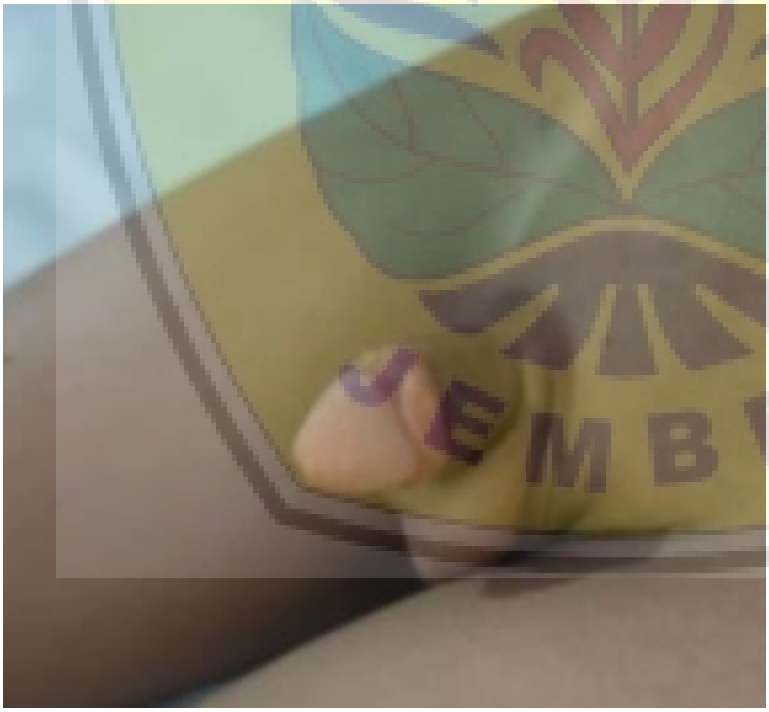


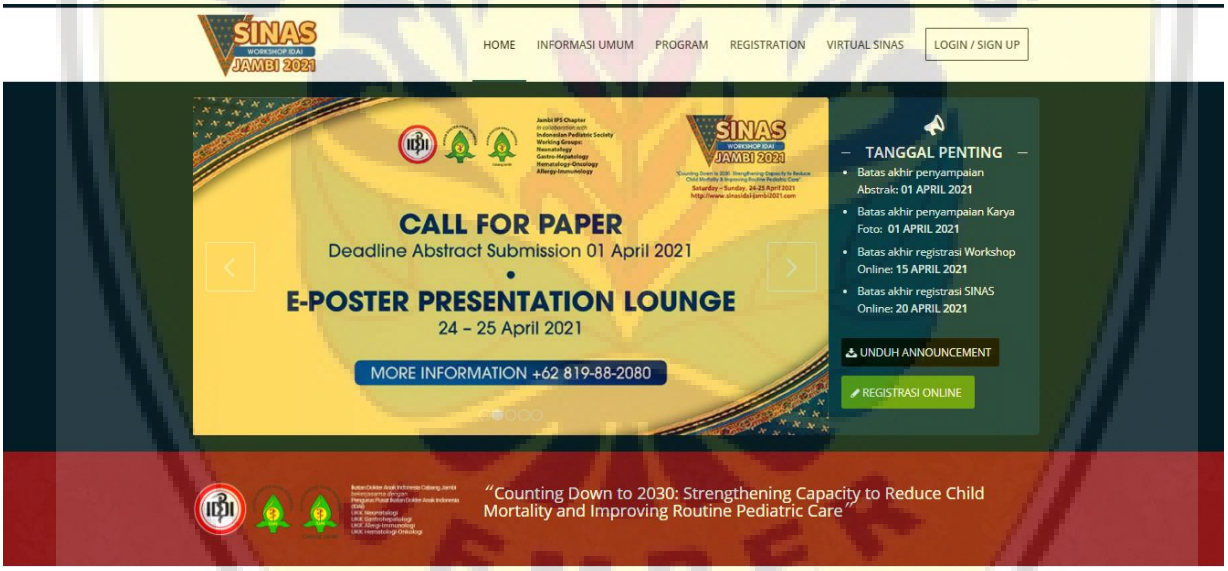
Figure C. After 3 days of hospitalization, the Circumcision wounds was healing.

Discussion. Diagnosis of hemophilia in this patient was based on prolonged APTT with normal PTT. Post circumcision bleeding was the manifestation of 9% hemophiliacs when they first time diagnosed, therefore rarely considered as hemophilia by medical professional in primary health care facilities moreover when there were no abnormality bleeding history to this patient or family. Before performing a surgery, screening questions should be performed regarding previous bleeding history of the patients and bleeding disorder history of their families as a precaution. If there were a history, the patient should be referred to further health care facilities.

Conclusion. Post circumcision bleeding should be considered as hemophilia and the patient should get appropriate treatment immediately.

References:

1. Singh, M., Gupta, L., *et al*. (2020). Hemophilia in children: a clinico-epidemiological profile and review. *Pediatric Review: International Journal of Pediatric Research*, *7*(2), 66-72. https://doi.org/10.17511/ijpr.2020.i02.04.
2. Swary, A. D. K., Andarsini, M. R., & Hajat, A. (2019). Characteristic of Hemophilia A Patients in Initial Diagnosis in Dr. Soetomo General Hospital Surabaya. Biomolecular and Health Science Journal, 2(1), 9-12.
3. Bertamino, M., Riccardi, F., *et al*. (2017). Hemophilia care in the pediatric age. Journal of clinical medicine, 6(5), 54.



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Post circumcision bleeding due to undiagnosed hemophilia : a case report

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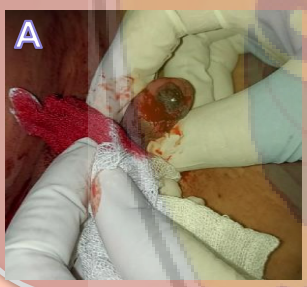
SINAS IDAI Jambi, April 24th-25th 2021

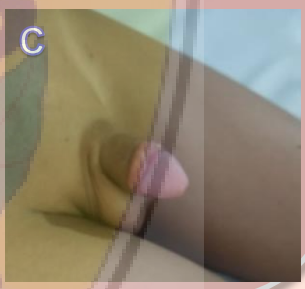
Background

Hemophilia is an X-linked recessive bleeding disorder caused by the deficiency of coagulation factors VIII, IX, or XI. In Indonesia, it is estimated that there are 20,000 hemophiliacs out of 270 million population. In about 20% of cases no family history is found, but known when there is spontaneous bleeding that occurs after trauma/surgery. The objective of this study is to describe case of post circumcision bleeding due to undiagnosed hemophilia in primary health care facility.

Case Report

A 5 years old child experienced bleeding seeps for 16 days from circumcision wound performed in primary health care facility. After reoperated in the hospital, the seeps had stopped for a day then seeped again, therefore the patient admitted for third times. There were no history of previous spontaneous bleeding, no family history of bleeding disorders. Physical examination revealed spontaneous bleeding from the circumcision wound (fig. A). Complete blood count showed normal result and prolonged APTT with normal PTT. The patient received 125 mg tranexamic acid injection three times a day and 500 IU of factor VIII replacement for 2 days. Performed an insertion of 6 Fr urinary catheter, then treated the circumcision wound with tulle dressings, gauze, bandaged with an elastic fixation bandage toward umbilical (fig. B). After 3 days of hospitalization, the spontaneous bleeding had stopped and the patient discharged (fig. C).





Discussion

Parameters	Result
Hb	10.4 gr/dL
WBC	8.1 x 101/L
Hct	30.7%
Diff Count	-/-/-/68/26/6
Platelets	413 x 101/L
PTT	11.4 seconds
APTT	92.0 seconds

Diagnosis of hemophilia in this patient was based on prolonged APTT with normal PTT. Post circumcision bleeding was the manifestation of 9% hemophiliacs when they first time diagnosed[2], therefore rarely considered as hemophilia by medical professional in primary health care facilities moreover when there were no abnormality bleeding history to this patient or family.

Before performing a surgery, screening questions should be performed regarding previous bleeding history of the patients and bleeding disorder history of their families as a precaution. If there were a history, the patient should be referred to further health care facilities.

Conclusion: Post circumcision bleeding should be considered as hemophilia and the patient should get appropriate treatment immediately.

References:

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