

## Background

Severe thrombocytopenia is a common complication of hematologic malignancies.

The American Society of Clinical Oncology's most updated 2018 guidelines state that more systematic research is needed in order to clarify the safety of performing GI endoscopy in thrombocytopenic cancer patients (1).

In a patient who is actively bleeding, higher thresholds are warranted and classically taught as >50K, especially in the setting of preparing for a major surgery (1).

## Case report

66 yo woman with AML presented on C2D11 of venetoclax and decitabine with complaint of 2 days BRBPR.

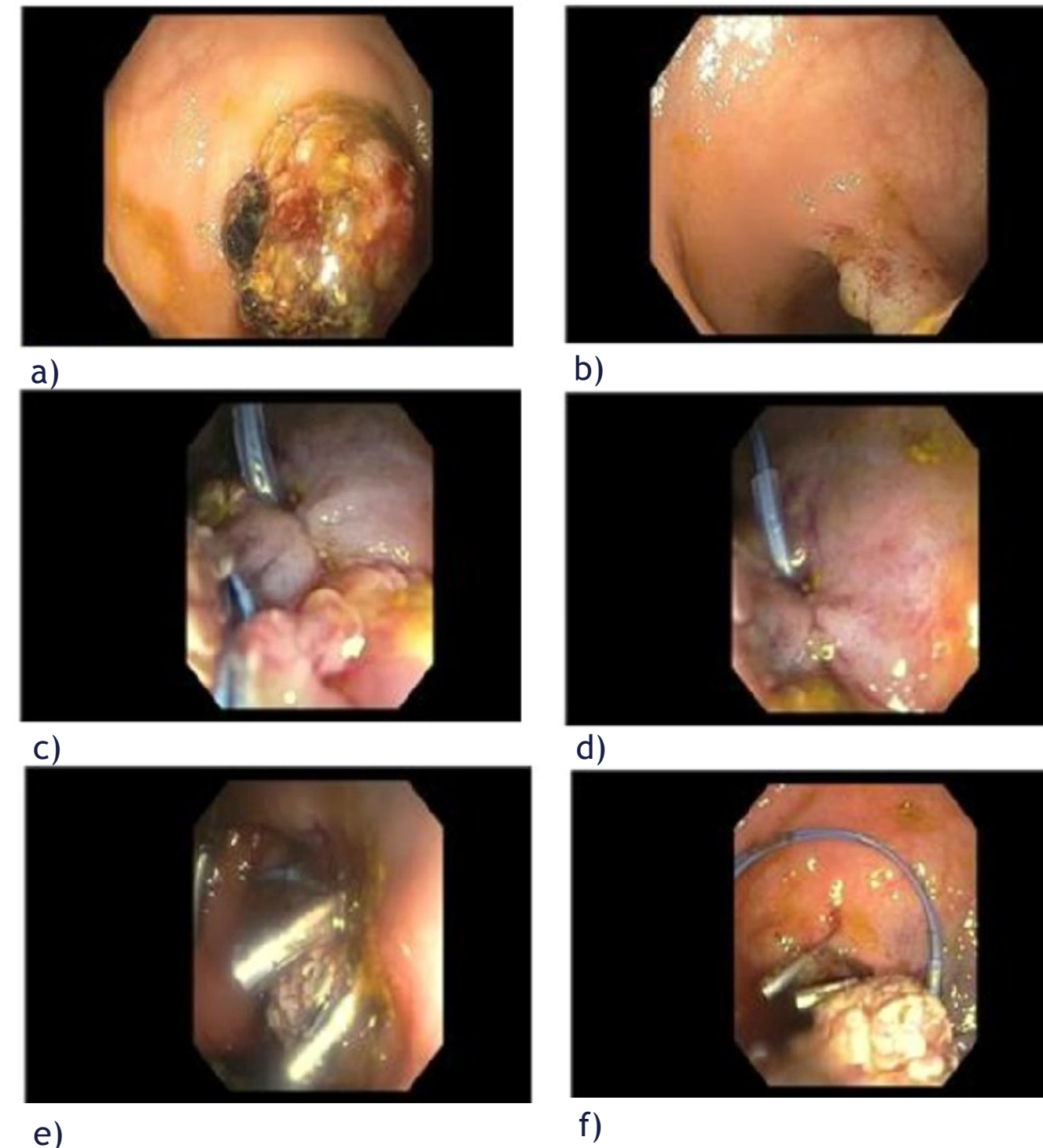
Labs on admission: Hb 8.1 g/dL, platelets 10,000 B/L.

CT-A revealed probable bleeding rectal polyp.

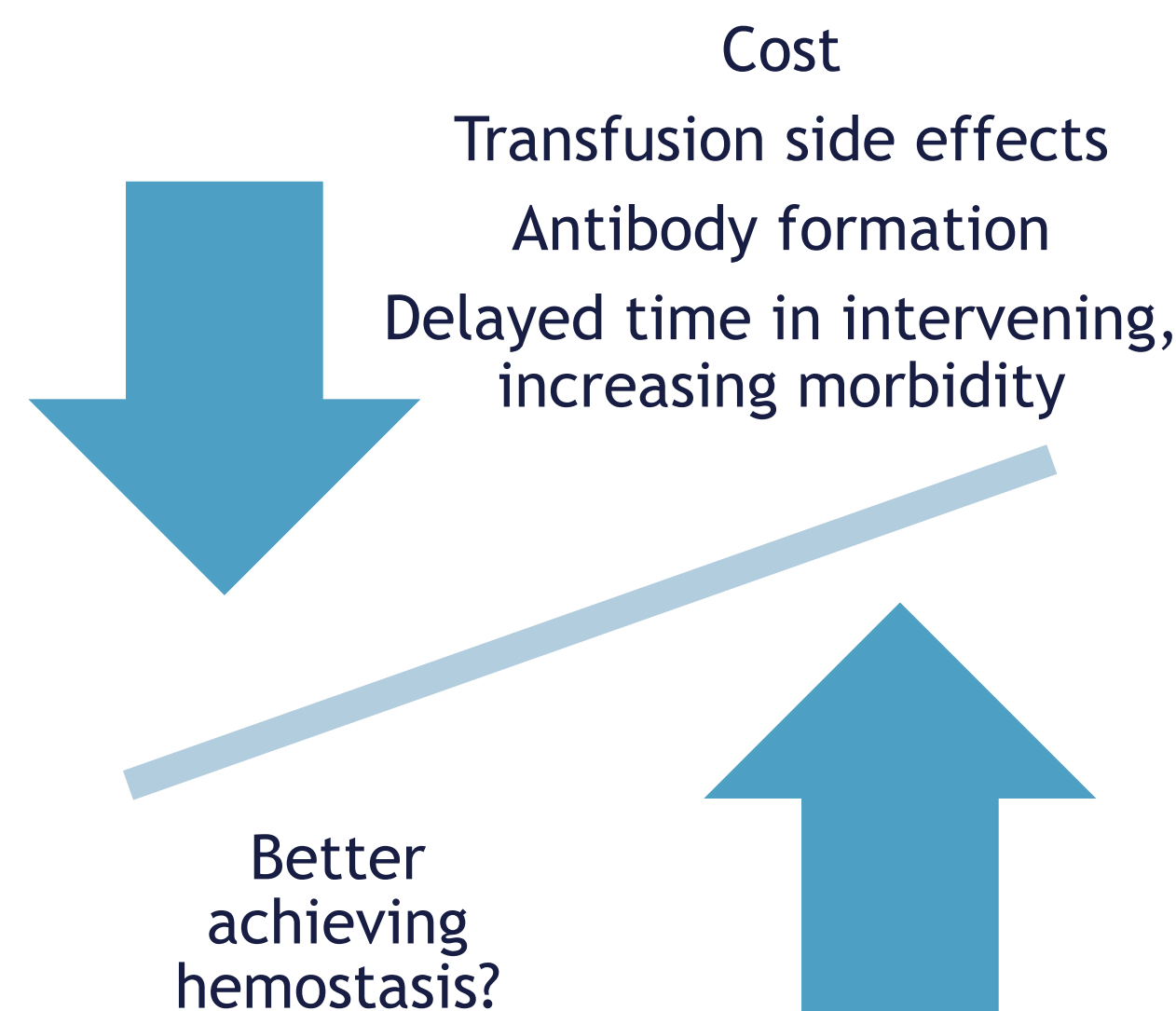
GI, colorectal, IR services all consulted and asked for goal 50,000 platelets in order to intervene.

Patient continued to bleed and required 14 units of platelets, 3 units of pRBCs and 3 units of cryoprecipitate. Platelets only peaked at 15,000 B/L. She required an additional 13 units of platelets, 8 units of pRBCs, 2 units of cryoprecipitate.

Advanced endoscopist eventually agreed to intervene and 3cm polyp in distal sigmoid successfully treated.



a) 3cm polyp in distal sigmoid with stigmata of recent bleed b) polyp stalk c) and d) two clips applied to stalk, e) endoloop applied f) additional 2 clips below loop placed



## Discussion

Acute leukemia is just one patient population that is frequently hospitalized with complications related to severe thrombocytopenia.

This case presents a patient who successfully achieved hemostasis of a bleeding rectal polyp when circulating platelets were only 13,000, with use of clipping, endoloop, and epi injection.

More research should be done to better elucidate the relationship between risk of bleeding in endoscopy and severe thrombocytopenia.

## Take aways

- Circulating platelets are only one aspect of coagulation
- Severe thrombocytopenia should not necessarily be a contraindication to endoscopy, especially if the indication is to treat bleeding
- By lowering our conservative goal of 50,000 circulating platelets, we might be better able to save blood products, cost, lower risk of transfusion reactions, and better serve patients.

## Acknowledgements and/ or References

1. Schiffer CA, Bohlke K, Delaney M, Hume H, Magdalinski AJ, McCullough JJ, et al. Platelet transfusion for patients with cancer: American Society of Clinical Oncology clinical practice guideline update. *Journal of Clinical Oncology*. 2018;36(3):283-99.