

Percutaneous endoscopic gastrostomy in a patient with hemophilia A

To the Editor,

A 45-year-old patient with hemophilia A was admitted to our hospital to undergo surgery for cerebral subcortical hemorrhage, and surgical evacuation of a hematoma was performed without complications. Because of persistent consciousness disturbance, percutaneous endoscopic gastrostomy (PEG) was performed using the pull-through technique on the 24th hospital day, without complications such as bleeding (Figure 1). On that day, the level of factor VIII increased from 17.9% to 88.2% because we administered 2000 units of factor VIII twice a day for 3 days before placement. After placement, we administered 2000 units of factor VIII twice a day for 1 week.

Since it was first introduced by Gauderer et al. (1), PEG has rapidly become a routinely used procedure is the procedure of choice for long-term enteral feeding. With the increase in the frequency of performance of this procedure for nutritional support, numerous complications have been described, such as local infection, bleeding,

etc (2-5). We had reported that use of the pull-through technique for PEG was associated with a decreased incidence of bleeding as an early complication of PEG (6). Our experience suggests that use of the pull-through technique may be suitable for patients at a high risk for bleeding, such as those with hemophilia A.

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Figure 1. Percutaneous endoscopic gastrostomy was performed using pull-through technique without complications such as bleeding.

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