EDITORIAL

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Thematic Series on Clinical Cases on Haemostatic Disorders

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Department of Medicine and Emergency Room, Fatebenefratelli Hospital of Naples, Italy In daily clinical practice, venous thromboembolism (VTE) may be divided into provoked VTE or unprovoked VTE as a VTE event that appears without recent contact with common thrombotic risk factors.¹ This classification is relevant, because the duration of anticoagulant treatment differs in cases of provoked or unprovoked VTE. In this way, provoked VTE is a VTE event that appears in the presence of such thrombotic risk factors. Common thrombotic risk factors have been identified by international guidelines as clinical conditions that need pharmacological prophylaxis to prevent VTE (i.e., recent surgery, recent hypomobilization, pregnancy, hormonal treatment, molecular inherited/acquired thrombophilia, cancer and its therapy).² However, using this method, nearly 40% of VTE events may be considered unprovoked or idiopathic,¹ although other clinical conditions such as inflammatory bowel diseases, immunopathological diseases and other molecular defects may be associated with VTE, as hypofibrinolysis and so on.³ Acquired resistance to protein C activity, postinflammatory increase of factor VIII, and antiphoshpholipid antibodies are all conditions that may be associated with VTE.

On the other hand, hemorrhagic diseases may also be provoked (e.g., neoplasia or other ulcerative diseases, drugs and so on)^{4,5} or unprovoked but associated with molecular alteration of hemostasis inherited/acquired with a trend toward hemorrhagic events (e.g., abnormal platelet function, hemophilias or acquired hemophilia due to inhibitors).^{6,7}

Yet, clinical alteration of hemostasis with overt VTE or bleeding has frequently been considered a transversal event or as a complication during another active comorbidity, but may assume a relevant clinical character for severe and lifethreatening manifestations.

Therefore, in the following thematic series, several authors have described very particular case reports that associated thrombotic or bleeding manifestations during unusual molecular alteration or comorbidity. In particular, Scudiero et al. described a change in hemostaic balance and in the protein C system due to strenuous exercise,⁸ Di Micco et al. described an association between idiopathic hyperosinophilia and VTE, Russo et al. reported the clinical dilemma that may be present in morbid obesity that requires anticoagulation for atrial fibrillation, and Gussoni et al. reported a very rare case of acquired factor XIII deficiency associated with recurrent bleedings⁹; on other hand, Galbiati reported a life-threatening cerebral hemorrage during anticoagulation with edoxaban treated successfully with a prothrombin complex concentrate.¹⁰

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Disclosure

The author reports no conflicts of interest in this work.

References

- Monreal M, Suarez CJ, Fajardo AJ, et al. Management of patients with acute venous thromboembolism: findings from the RIETE registry. *Pathophysiol Haemost Thromb.* 2004;33:330–334. doi:10.1159/000083823
- Schünemann HJ, Cushman M, Burnett AE, et al. American Society of Hematology 2018 guidelines for management of venous thromboembolism: prophylaxis for hospitalized and nonhospitalized medical patients. *Blood Adv.* 2018;2:3198–3225.

- Di Micco LC. Idiopathic Venous Thromboembolism (VTE) American Society of Hematology 2018 and its association to rare molecular clotting abnormalities. *Health Sci J.* 2018;12:e15.
- Nomura S, Ito T, Yoshimura H, et al. Evaluation of thrombosis-related biomarkers before and after therapy in patients with multiple myeloma. *J Blood Med.* 2018;9:1. doi:10.2147/JBM. S147743
- Besser MW, MacDonald SG. Acquired hypofibrinogenemia: current perspectives. J Blood Med. 2016;26(7):217–225. doi:10.2147/JBM. S90693
- 6. Hayward CPM. How I investigate for bleeding disorders. Int J Lab Hematol. 2018;40(Suppl 1):6–14. doi:10.1111/ ijlh.2018.40.issue-S1
- Jain S, Donkin J, Frey MJ, Peltier S, Gunawardena S, Cooper DL. Phenotypical variability in congenital FVII deficiency follows the ISTH-SSC severity classification guidelines: a review with illustrative examples from the clinic. *J Blood Med.* 2018;9:211–218. doi:10.2147/JBM.S157633
- 8. Scudiero O, Gentile L, Ranieri A, et al. Physical activity and thrombophilic risk in a short series. *J Blood Med*. In press 2020.
- Di Micco P, Gussoni G, Pieralli F, Campanini M, Fontanella A. Acquired factor XIII deficiency inducing recurrent and fatal bleeding, description of a case. *J Blood Med.* In press 2020.
- Galbiati G. Successful cerebral hemorrhage treatment with prothrombin complex concentrate in a patient with edoxaban therapy: a case report. *J Blood Med.* In press 2020.

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