

Mozambique Bleeding Disorder: Case Presentation

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Overview

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 - › HIV in Mozambique
 - › VMMC in Mozambique
- Case Presentation
- Key Lessons

Background: HIV/VMMC in Mozambique

- Population: 28,751,263 (projected 2017)
- HIV infection prevalence: 13.2% (2015)

Province	Statistical Data (%)			
	HIV 2009 INSIDA	HIV 2015 IMASIDA	MC 2009 INSIDA	MC 2015 IMASIDA
MC	16.8	16.9	50.4	71.1
MP	19.8	22.9	43.3	68.6
GZ	25.1	24.4	16.8	47.5
SF	15.5	16.3	8.8	20.1
ZA	12.6	15.1	33.7	47.6

Background: VMMC in Mozambique

- The VMMC Program in Mozambique started in November 2009.
- Jhpiego/CDC is the lead partner for VMMC in Mozambique, currently within five provinces supporting the Ministry of Health.
- From 2009 through August 2017, Jhpiego directly supported 844,024 VMMC procedures, 76% of the national program (1,112,405 VMMC procedures)

Case Presentation: History & Exam

- Caia Health Center/Sofala; March 9, 2017
- HIV-negative 18-year-old male, was referred for VMMC service by a partner CBO
- Client was registered and counseled
- Patient consented to the procedure
- Medical history did not reveal any significant health conditions, allergies or current medications
- Client denied history of any bleeding disorder (as part of his medical history)
- Physical exam revealed no anatomical anomalies and the client was determined to have met criteria for circumcision with no contradictions identified

Case Presentation: Procedure

- Certified provider administered local anesthesia and prepped the patient
- Dorsal slit method was conducted
- The procedure concluded without any intraoperative complication
- The patient was observed post-procedure and released at 13h00 with paracetamol and general precautions to return in 48 hours for a wound check

Case Presentation: Complication

- Client returned at 16h00 (3 hours later) the same day with excessive bleeding
- The provider who had completed the circumcision was unable to identify the bleeding vessel
- The wound was dressed and the client sent for escalated care at Caia Rural Hospital (CRH), admitted for:
 - › Post circumcision penile bleeding
 - › Severe Anemia
 - › Coagulopathy

Case Presentation: Initial Complication Management

09 March	10 March	11 March	12 March	17 March	20 March
<p>(At CRH)</p> <ul style="list-style-type: none"> • 1 unit PRBC • 2 units FFP • 1 amp of Vitamin K • Wound dressing was changed • Client improved clinically and subsequent labs were ordered <p>Complete Blood Count (CBC): RBC: 4.8m/μl Hgb/Hct: 9.6 g/dl / 32.1% Plt: 206 cell/μl WBC: 6.1k</p>	<ul style="list-style-type: none"> • Persistent slow bleed, although reported feeling better, transferred to Quelimane Central Hospital • Wound explored, no vessel identified, closed; advised continue medical management • Antibiotics; Vit K; Ferrous Sulfate; Steroid; Diuretic; Fluids; General Diet <p>CBC: RBC: 5.13m/μl Hgb/Hct: 11.1 g/dl / 35.2% Plt: 262 cell/μl WBC: 23k</p>	<ul style="list-style-type: none"> • Continued antibiotic treatment: Ceftriaxone, Gentamicin • Lactate ringers • Ferrous sulfate, • Vitamin K • Multivitamin • General diet <p>CBC: RBC: 3.04m/μl Hgb/Hct: 6.2 g/dl / 26.6% Plt: 155 cells/μl WBC: 2k</p>	<ul style="list-style-type: none"> • 2 units PRBC administered • Observed with no subsequent bleeding in good condition and observed with slight bleed 17 March • Factor VIII administered daily (given 13 March) 	<ul style="list-style-type: none"> • Surgical Exploration of wound due to re-bleeding • 1 unit PRBC • 1 unit FFP 	<ul style="list-style-type: none"> • Stopped Vit K, Factor VIII • 1 unit FFP • Wound dressing changed twice daily • No bleeding for 24 hours <p>CBC: RBC 4.66m/μl Hgb 11.8g /dl / 35.5% Plt 215 cells/μl WBC: 8.5k</p>

Case Presentation: Mid-Long Term Complication Mgmt

23 March	25 March	27 March	14 April	24 May	17 July
<ul style="list-style-type: none"> • Repeated bleeding • Exploratory surgery with no offending vessel • Minimal bleeding during surgery 	<ul style="list-style-type: none"> • Dressing change with worsening bleeding • Transferred to Maputo Central Hospital (MCH) 	<ul style="list-style-type: none"> • Patient seen by surgery, urology and hematology • Admitted to urology and taken to operating room for exploratory surgery, but no offending vessels identified <p>Resumed Factor VIII therapy daily</p>	<ul style="list-style-type: none"> • Observed for 14 days without bleeding, wound dressing done • Skin graft done • Coagulopathy study done in external lab <p>Factor VIII: low Factor X: within normal limits</p> <p>(Factor VIII therapy had been initiated since admitted to MCH)</p>	<ul style="list-style-type: none"> • Skin graft did not take • Factor VIII was continued for 33 days with no bleeding for 30 consecutive days • Wound healed with healthy granulation tissue and no further surgical intervention • Discharged to home with hemophilia card 	<ul style="list-style-type: none"> • Patient observed on outpatient basis with no further complications and normal urinary function • Discharged from care

Key Lessons

- Led Jhpiego to review the screening questionnaire and adapt verbal screening tool developed by Project IQ
- Discussed with MoH the need for quick identification of hemorrhage cases and linkage to elevated care
- Given that many clients may not have undergone procedures where hemorrhage is otherwise identified, VMMC may be the first opportunity to identify these cases (particularly given the prominence of younger clients)
 - › Important for clients to be aware of their diagnosis that may implicate other care they receive in the future

Perguntas adicionais de pré-triagem que o provedor deve fazer aos utentes antes da Circumcisaao Masculina Medica Voluntaria*

INSTRUÇÕES PARA OS PROVEDORES:

- Estas questões destinam-se a identificar condições que podem não ser evidentes através do exame físico de rotina, mas que podem comprometer a segurança do utente no procedimento de CMMV.
- Faça verbalmente as seguintes perguntas, além de realizar a triagem física de todos os utentes de CMMV antes de realizar o procedimento, independentemente do método de circuncisão a ser usado.
- As perguntas devem ser feitas mesmo que o utente ou seu guardião/encarregado já tenha em posse um formulário escrito com informações semelhantes.
- Se o utente responder "Sim" a qualquer das perguntas abaixo, siga as normas do serviço ou consulte o clínico no local para determinar se é necessário algum teste ou encaminhamento adicional para um especialista antes da circuncisão.

Se a resposta for SIM a qualquer pergunta nesta lista, considere rastreio adicional!

1. O utente tem actualmente ou teve no passado alguma condição, ou uma doença crónica sobre a qual devamos estar informados?	<input type="checkbox"/>
2. O utente está actualmente tomando alguma medicação ou vitaminas? Se sim, por favor mencionar. (Considere verificação adicional se o utente citar outros medicamentos que não são analgésicos habituais)	<input type="checkbox"/>
3. O utente é alérgico a algum medicamento?	<input type="checkbox"/>
4. Já alguma vez foi submetido a uma cirurgia? Se sim, chegou a ter alguma má reacção a anestesia?	<input type="checkbox"/>
5. Alguma vez teve feridas que tenham levado muito tempo a parar de sangrar?	<input type="checkbox"/>
6. Alguma vez fez uma consulta com o dentista? Se sim, alguma vez teve sangramento prolongado após um procedimento no dentista (ex: ao extrair dente)?	<input type="checkbox"/>
7. Alguma vez teve sangramento pelo nariz? Se sim, por favor descreva quantas vezes isso acontece e quanto tempo leva para parar de sangrar.	<input type="checkbox"/>
8. Alguém da sua família tem um problema de sangramento (exemplo: hemofilia), sangramento pelo nariz, ou feridas que levam muito tempo ate parar de sangrar?	<input type="checkbox"/>
9. Se o serviço tem um glicómetro: F uma política sobre a glicemia máxima para CMMV no mesmo dia: O utente tem diabetes?	<input type="checkbox"/>
10. Já alguma vez o utente foi diagnosticado de anemia ou se já lhe foi dito que tem hemoglobina baixa (pouco teor de ferro no sangue)?	<input type="checkbox"/>
11. Se o utente é sexualmente activo: tem alguma perturbação ou problema com a erecção peniana ou qualquer outra perturbação em relação a função sexual? Se o utente ainda não é sexualmente activo: tem alguma preocupação em relação a saúde do seu pénis sobre o qual queira conversar?	<input type="checkbox"/>

* Baseado no checklist do Project IQ.



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