Mozambique Bleeding Disorder: Case Presentation

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Overview

• Background
  › HIV in Mozambique
  › VMMC in Mozambique
• Case Presentation
• Key Lessons
Background: HIV/VMMC in Mozambique

- Population: 28,751,263 (projected 2017)

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<td>16.9</td>
<td>50.4</td>
<td>71.1</td>
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<tr>
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<td>GZ</td>
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<td>SF</td>
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<tr>
<td>ZA</td>
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<td>15.1</td>
<td>33.7</td>
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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

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<th>Date</th>
<th>Actions and Treatments</th>
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| 09 March | (At CRH)  
  • 1 unit PRBC  
  • 2 units FFP  
  • 1 amp of Vitamin K  
  • Wound dressing was changed  
  • Client improved clinically and subsequent labs were ordered |
| 10 March |  
  • 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 |
| 11 March |  
  • Continued antibiotic treatment: Ceftriaxone, Gentamicin  
  • Lactate ringers  
  • Ferrous sulfate, Vitamin K  
  • Multivitamin  
  • General diet  
  **CBC:**  
  RBC: 3.04 m/µl  
  Hgb/Hct: 6.2 g/dl / 26.6%  
  Plt: 155 cells/µl  
  WBC: 2k |
| 12 March |  
  • 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) |
| 17 March |  
  • Surgical Exploration of wound due to re-bleeding  
  • 1 unit PRBC  
  • 1 unit FFP  
  • Stopped Vit K, Factor VIII  
  • Wound dressing changed twice daily  
  • No bleeding for 24 hours |
| 20 March |  
  **CBC:**  
  RBC 4.66 m/µl  
  Hgb 11.8 g/dl / 35.5%  
  Plt 215 cells/µl  
  WBC: 8.5k |
## Case Presentation: Mid-Long Term Complication Mgmt

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| 23 March| • Repeated bleeding  
• Exploratory surgery with no offending vessel  
• Minimal bleeding during surgery                                                                                                     |
| 25 March| • Dressing change with worsening bleeding  
• Transferred to Maputo Central Hospital (MCH)                                                                                          |
| 27 March| • Patient seen by surgery, urology and hematology  
• Admitted to urology and taken to operating room for exploratory surgery, but no offending vessels identified  
• Resumed Factor VIII therapy daily                                                                                                   |
| 14 April| • Observed for 14 days without bleeding, wound dressing done  
• Skin graft done  
• Coagulopathy study done in external lab  
Factor VIII: low  
Factor X: within normal limits  
(Factor VIII therapy had been initiated since admitted to MCH)                                                                            |
| 24 May  | • 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                                                                                            |
| 17 July | • 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
Thank you