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Summary

Panel discussion: Bleeding less, clotting more: Unravelling coagulation disorders in liver disease

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Hepatobiliary

October 18, 2026

Panel discussion on thrombosis and anticoagulation in cirrhosis emphasizes the need for prospective randomized trials to address unresolved questions about platelet replacement, procedural bleeding risk, and optimal anticoagulation strategies.

KEY POINTS

- The speaker stated that all current evidence on platelet and factor replacement in cirrhotic patients is retrospective, showing no benefit from substitution and possibly worse outcomes with FFP.
- A prospective randomized trial focusing on platelet replacement during very high-risk procedures was identified by the speaker as the priority research need.
- Two randomized controlled trials suggest anticoagulation may benefit cirrhosis patients, but the speaker noted it may be too late to start in advanced disease such as Child-Pugh 8 to 10.
- The speaker stated that apixaban has lower bleeding risk than rivaroxaban and mentioned a trial in compensated cirrhosis may be underway.
- Kidney injury, chronic kidney disease, and dialysis are clearly associated with more bleeding risk according to the speaker.
- The speaker emphasized that asking patients about prior procedure-related bleeding is strongly associated with bleeding risk but is underestimated in practice.

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