Q&A: Bleeding less, clotting more: Unravelling coagulation disorders in liver disease

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Hepatobiliary

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The speaker challenged the traditional '50 rule' for procedural coagulation correction in cirrhosis, arguing that variceal band ligation is safe without correction even when platelets are 25,000–35,000 and INR is elevated, because bleeding occurs when the band falls off days later, not during the procedure.

KEY POINTS

- The speaker stated he would not correct coagulation parameters for variceal band ligation when platelets are 35,000 and INR is 2.2, and would proceed even with platelets as low as 25,000, because if the band is placed correctly bleeding occurs when it detaches approximately ten days later, not during the procedure itself.
- The traditional '50 rule' requiring correction when platelets are below 50,000 or INR is elevated lacks good evidence and has persisted for many years without strong literature support, according to the speaker.
- Correction carries a risk of increased thrombosis, which the speaker emphasized should be considered when deciding whether to transfuse platelets or correct INR.
- For higher-risk interventions such as large polyp resection in Child B cirrhosis, the speaker stated he would consider platelet transfusion at counts around 30,000 and may use viscoelastic testing to guide INR correction decisions.
- The speaker recommended thrombosis prophylaxis in hospitalized cirrhotic patients down to platelet counts of 20,000 with possible dose adjustment, noting that thrombosis risk remains significant and may even be higher in decompensated patients than in compensated patients.

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