

# WCA



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# Perioperative Management of Plasminogen Activator Inhibitor 1 Deficiency: A Case Report

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# Plasminogen Activator Inhibitor 1 Deficiency

- Autosomal recessive deficiency
- Typically not diagnosed at birth
- No cure, current focus on support measures and proactive care



# The Patient

- Presentation:

33 year-old-female G1P0000 at 39 weeks 0 days with known PAI-1 deficiency

- Past Medical History

OSA, menorrhagia, and anemia,  
Dx at age 14 & family history of condition

- Pregnancy course

Uncomplicated, occasional iron infusions



# Pre-Operative Care

- Caesarean vs. vaginal delivery, neuraxial anesthesia contraindicated
- Received 2 units of fresh frozen plasma (FFP)
- Blood workup normal (CBC, coagulation panel, thromboelastography).
- Uncomplicated rapid sequence induction and anesthetic maintenance with sevoflurane



# Post-Delivery Intra-Operative Care

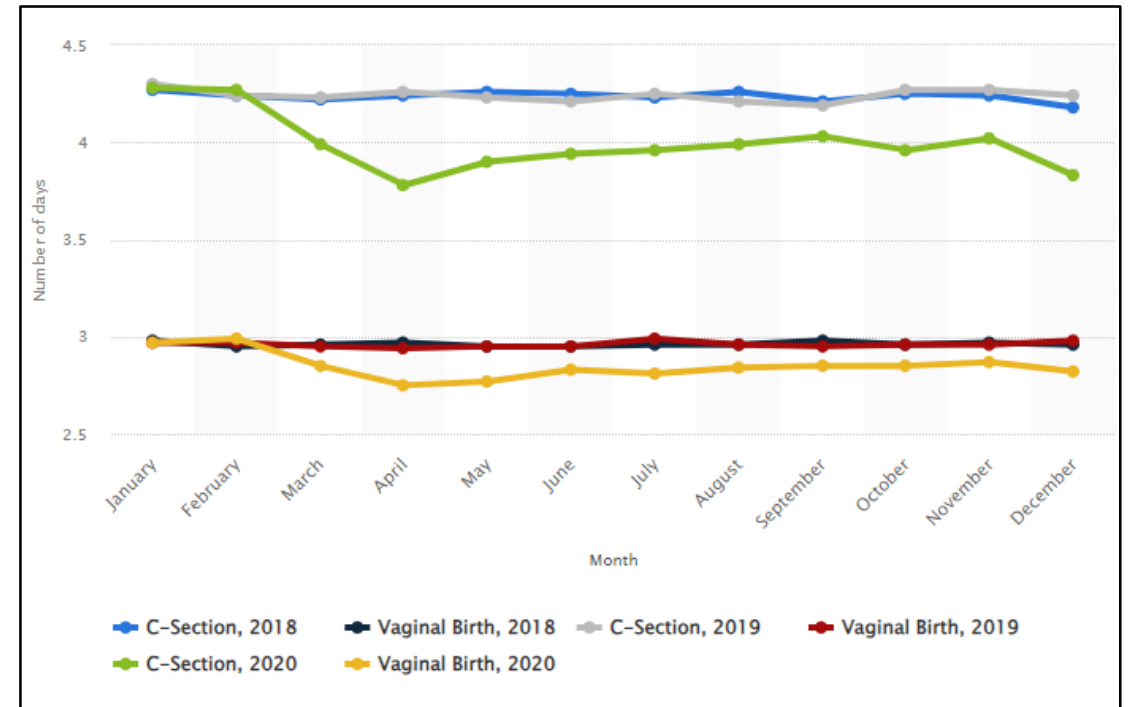
- TXA
- IV Oxytocin
- Stable vital signs and hemodynamics throughout entire case
- Bilateral abdominal rectus sheath nerve blocks
- Patient extubated



**Quantitative blood loss totaling 615mL**

# Post-Partum Care

- Continued PO TXA
- No significant bleeding or hemorrhage throughout stay
- Discharged home Post-operative day #4 w/ healthy mom & baby



# Discussion

## What is known:

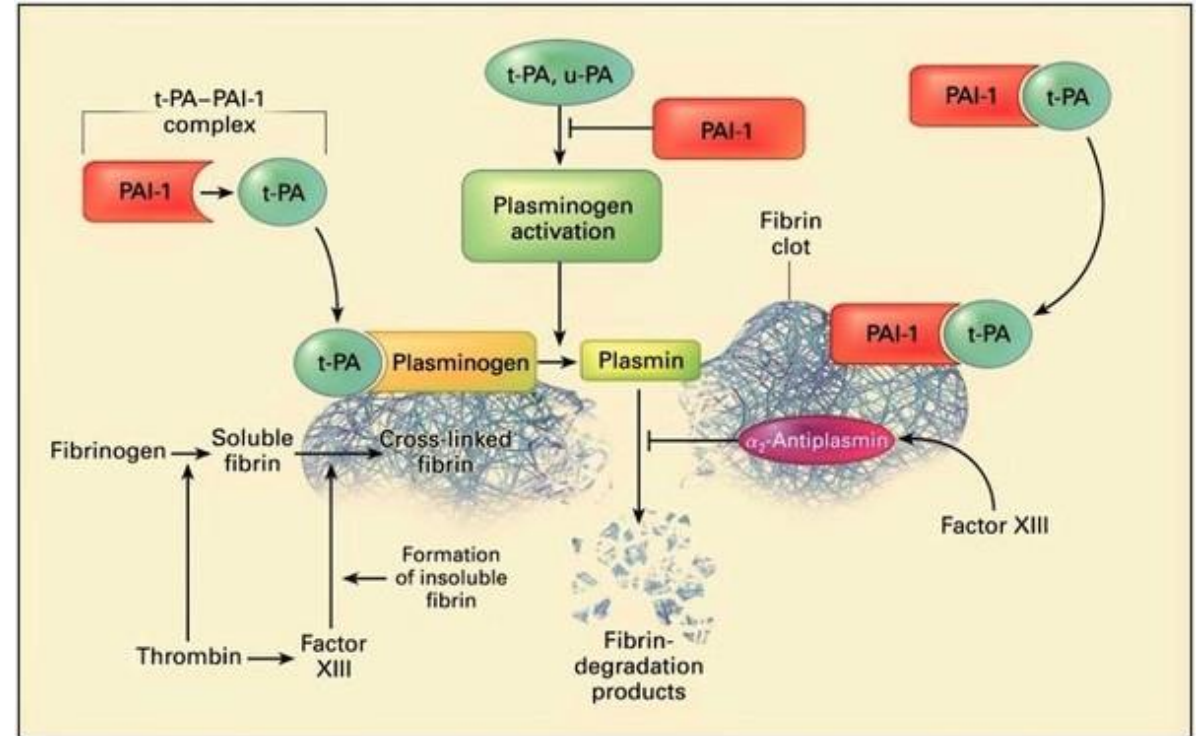
Role in fibrinolytic system

## What is not known:

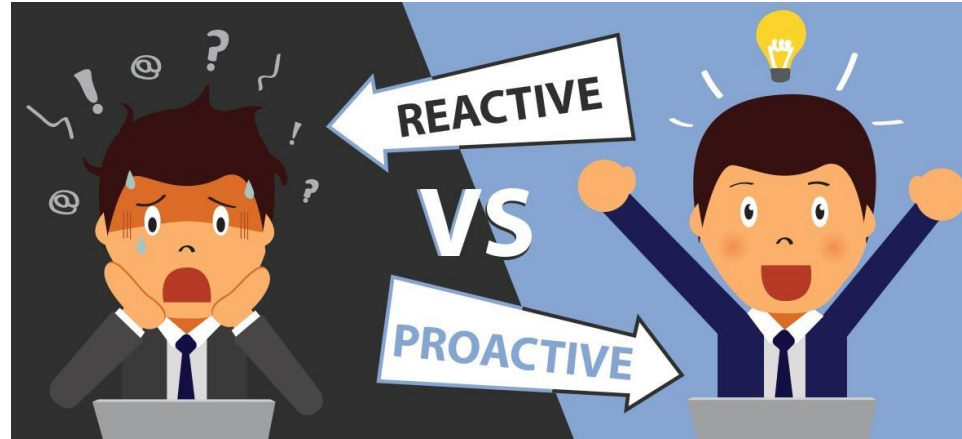
No definitive evidence on best practices

## What the evidence shows:

Adequate pharmacologic management  
& *proactive* Care = success



# Learning Point



Successful management of a patient with PAI-1 deficiency



# References

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