Utilization of Enteral Tranexamic Acid To Stabilize Gastrointestinal Hemorrhage in Pediatric Patients on ECMO

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Utilization of Enteral Tranexamic Acid To Stabilize Gastrointestinal Hemorrhage in Pediatric Patients on ECMO
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**Background**

- Incidence and management of Gastrointestinal (GI) bleeding on ECMO is not well reported
- Patients on ECMO require systemic anticoagulation making GI bleeding difficult to manage
- We describe the use of enteral tranexamic acid (TXA) in two pediatric patients with GI hemorrhage on ECMO

**Case 1**

- 5yr old F with Wilm’s Tumor
- Pulmonary hemorrhage and air leak requiring VV ECMO
- GI hemorrhage refractory to medical management (IV PPI, IV octreotide gtt), multiple EGD and IR embolizations
- GI bleeding improved with enteral TXA (20 mg/kg q 8 hours)

**Case 2**

- 3-year-old female burn patient
- Complicated by sepsis and ARDS requiring VA ECMO
- GI hemorrhage refractory to medical management (IV PPI, IV octreotide gtt)
- GI bleeding improved with IV TXA gtt and PO TXA (10 mg/kg q8h).

**Observations**

- Enteral TXA provided anti-fibrinolytic effects without disrupting systemic circuit anticoagulation
- Enteral TXA did not decrease the number of circuit or component changes
- The circuit had less clot burden comparatively to IV TXA administration

**Discussion**

- There was a noticeable decrease in blood product administration in one patient after completing enteral TXA course
- In both patients, enteral TXA allowed us to provide systemic anti-fibrinolysis, which was associated with cessation of bleeding but not associated with further circuit thrombosis.

**Resources**