

EFFICACY AND SAFETY OF AVATROMBOPAG IN SEVERE THROMBOCYTOPENIA SECONDARY TO CHRONIC LIVER DISEASE IN A PATIENT WITH HISTORY OF THROMBOSIS: A CASE REPORT.

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BACKGROUND AND IMPORTANCE

- Thrombocytopenia is frequent in cirrhosis, the final stage of CLD.
- Severe thrombocytopenia, defined as a PC below $50 \times 10^9/L$, increases risk of bleeding during and after invasive procedures, so guidelines recommend $PC \geq 50 \times 10^9/L$.
- Avatrombopag is a new TRA indicated to treat severe thrombocytopenia in patients with CLD who are scheduled to undergo an invasive procedure.
- In other TRA drugs studies, a higher frequency of PVT was reported in case of PC greater than $200 \times 10^9/L$. Moreover, patients with CLD are at greater risk of thrombosis. Thus, history of TE was exclusion criteria in avatrombopag clinical trials and there is not any reported case of patients with this precedent. This case therefore is a valuable contribution to the literature. However, in avatrombopag trials, no connection was found between PC and the TE occurred.
- By other hand, real-life data on avatrombopag efficacy and safety is still rare.

AIM AND OBJECTIVES

To describe the use of avatrombopag in a **severe thrombocytopenia** (refractory to platelet transfusions, desmopressin and immunoglobulins) of a 52-year-old man with CLD and history of PVT who needed a herniated disc **invasive procedure**.

MATERIAL AND METHODS

RETROSPECTIVE CASE REPORT (clinical data were obtained from medical records)

- ✓ No signs of peripheral venous thrombosis were observed before beginning treatment.
- ✓ PC was $37 \times 10^9/L$ → avatrombopag 60 mg daily for 5 days ⇨ he underwent the procedure within 6 days after the last dose.

RESULTS

- ☐ A blood test on the procedure day ensured that the **PC was adequate** and not unexpectedly high ($69 \times 10^9/L$).
- ☐ Platelet transfusions and other **rescue treatments** to prevent excessive bleeding **were not needed for up to 7 days** after surgery.
- ☐ Adverse effects did not happen during treatment **neither TE in the following 6 months**.

CONCLUSION AND RELEVANCE

A patient with **severe thrombocytopenia secondary to CLD and refractory to other therapies, with history of PVT, used avatrombopag, showing an adequate efficacy and safety profile**. Nevertheless, it is necessary to continue studying the incidence of TE, especially in patients with risk factors, and the relation between them and the PC.

Abbreviations: CLD (chronic liver disease), PC (platelet count), PVT (portal vein thrombosis), TE (thromboembolic events), TRA (thrombopoietin receptor agonist).