Coagulation Disorders: Manifestations in the Gastrointestinal Tract

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Coagulation disorders are characterized as disruptions in the ability to control blood clotting. They can present as either hemorrhage as a consequence of reduced clotting or thrombosis favored by an increased clotting. There are various causes of coagulation disorders. Generally, coagulation disorders are quite rare. However, they can cause severe damage to the patient concerned, resulting even in life-threatening conditions.

In this issue of *Visceral Medicine*, we focus on coagulation disorders and their manifestations in the gastrointestinal tract. The first article describes the symptoms and management of acute mesenteric ischemia, non-occlusive mesenteric ischemia, and mesenteric venous thrombosis [1]. There is a need of rapid diagnosis of acute mesenteric ischemia to offer life-saving emergency surgery. In case of non-occlusive mesenteric ischemia or portal vein thrombosis, interventional catheter techniques without or with lysis have become an option. Considering the great challenge of these disorders, it is of utmost importance to know the diagnostic and therapeutic approaches.

Platelet inhibition and anticoagulation are widely used in our population becoming older and revealing cardiovascular disorders increasing with age. The benefits of anticoagulation and antiaggregation in cardiovascular disease are convincing. Hink and Voigtländer [2] summarize the indications for such a therapeutic approach from a cardiologist's view. They emphasize the need for an individual decision against the background of the prognostic impact on the one side and the bleeding risks on the other side, which can be modulated by the combination of these drugs and duration of the medication. The article by Fischbach [3] focus on the possibilities and conditions of elective or urgent endoscopy under platelet inhibition

and anticoagulation as well as on the endoscopic bleeding management, respectively.

Some gastrointestinal neoplasms such as pancreatic or stomach cancer are accompanied by an increased risk for venous or arterial thromboembolism. Stratification of the thrombotic risk in the individual case may help offer medical prophylaxis of venous thromboembolism with either low-molecular-weight heparin or direct oral anticoagulants, which are also used in case of overt thrombosis [4].

The data presented in this issue cover a broad spectrum of coagulation disorders and its implications on visceral medicine. The reviews may help better understand the underlying mechanisms and provide the reader with updated diagnostic and therapeutic strategies.

Conflict of Interest Statement

The author declares that he has no conflicts of interest to disclose.

References

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