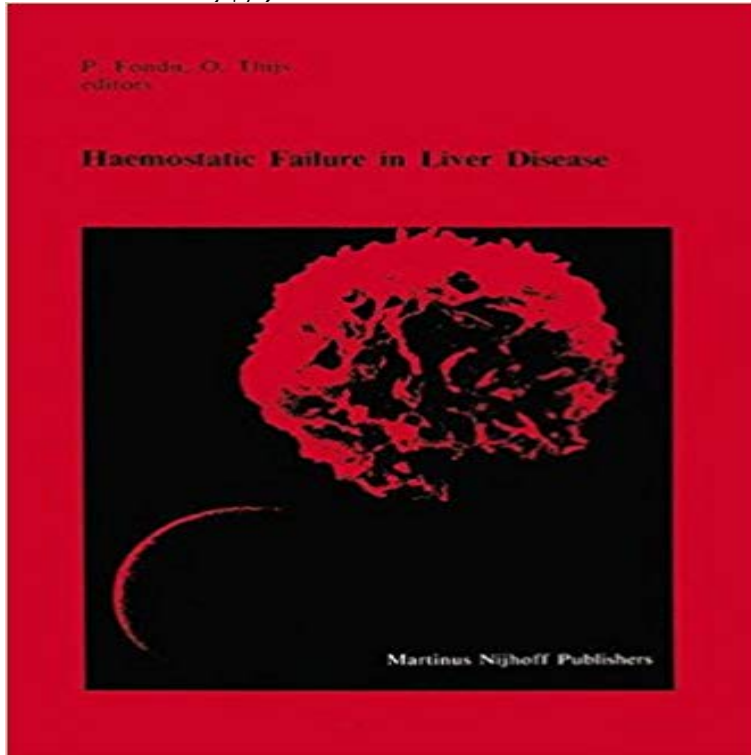


# Haemostatic Failure in Liver Disease (Developments in Hematology and Immunology)



J. DE GROOTE One of the most ominous and troublesome complications of the liver disease is the appearance of hemorrhagic phenomena. Many careful clinical observations about the relationship of liver function and of biliary tree pathology have been published. A vast amount of research work has been devoted to the subject. The severity of the hemorrhagic disorder is usually in relation to the liver disease. In mild chronic hepatitis or short lasting obstruction slight subcutaneous or mucosal bleeding may draw the attention of the patient and the doctor, but they are as such far from dangerous. However in acute hepatic insufficiency, in biliary cirrhosis the bleeding tendency is to be considered as a life threatening complication in about half of the cases. Moreover coagulation disturbances aggravate bleeding not only from ruptured oesophageal or gastric varices but also from gastritis or peptic ulcer. Hemorrhagia, epistaxis and gingival bleeding may be very troublesome in these conditions. The use of diagnostic procedures such as liver puncture biopsy and peritoneoscopy are often impossible when platelets and prothrombin time are too low. In order to overcome this difficulty a procedure has been worked out taking a biopsy through a trans jugular catheter placed in the hepatic vein. If a bleeding from the liver occurs it will be in the circulatory system and not cause any trouble.

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