



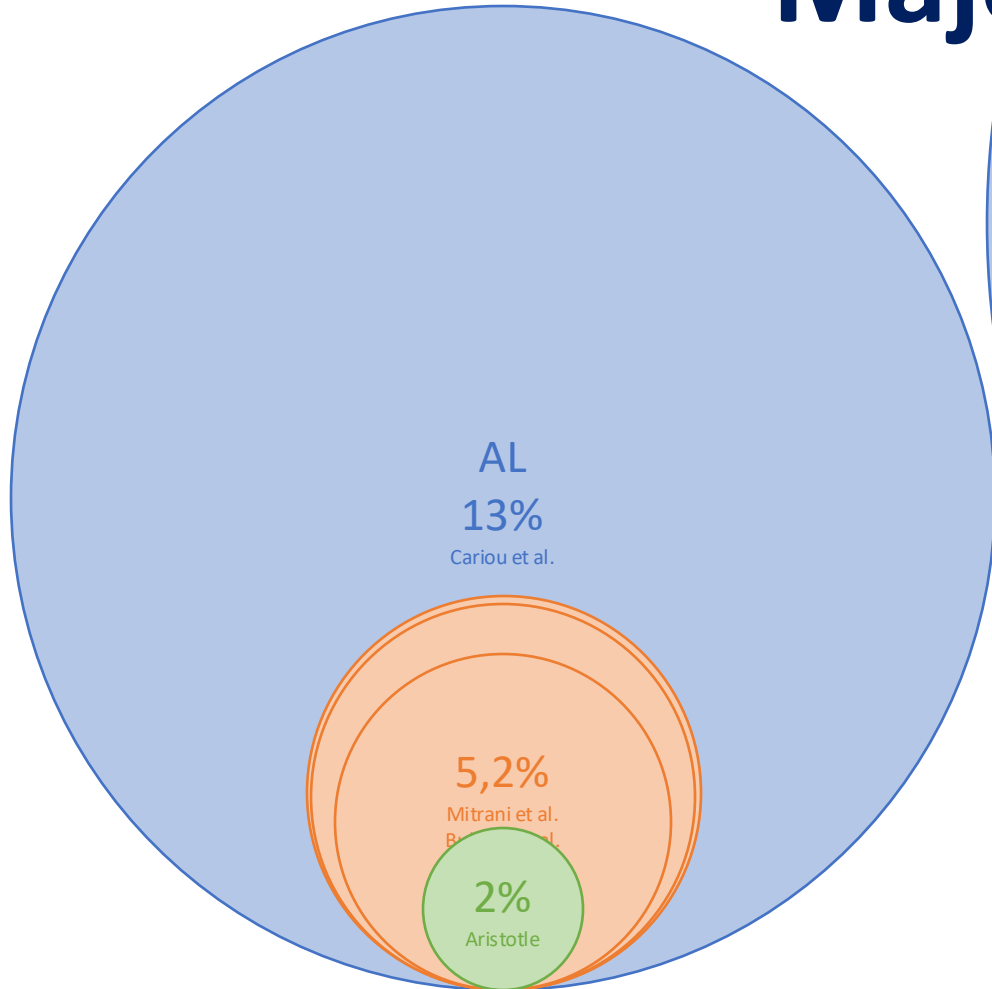
# Spontaneous bleedings

Study, date	Population	Prevalence of bleeding	Bleeding description	Favouring factors
Yood <i>et al.</i> , 1983 <sup>37</sup>	100 AL amyloidosis	41/100 = 41% (3% cause of death)	23% petechia and ecchymoses 18% gastrointestinal tract bleeding 8% after procedure 3% haematuria 2% haemoptysis	
Mumford <i>et al.</i> , 2000 <sup>43</sup>	337 AL amyloidosis	28%	18% cutaneous bleeding 5% gastrointestinal bleeding 1% post procedure	Prolongation of thrombin time (32%)
Kumar <i>et al.</i> , 2001 <sup>40</sup>	45 AL amyloidosis treated with blood stem cell	20%	7% of lower GI tract bleeding 9% of upper	Multiorgan involvement haemodialysis
Choufani <i>et al.</i> , 2001 <sup>45</sup>	368 AL amyloidosis	5%, all with FX deficiency	Frequency and severity worse with the lowest levels of FX	FX deficiency < 50%
Mitrani <i>et al.</i> , 2020 <sup>21</sup>	290 ATTR	7% (all had anticoagulant therapy)		Labile INR

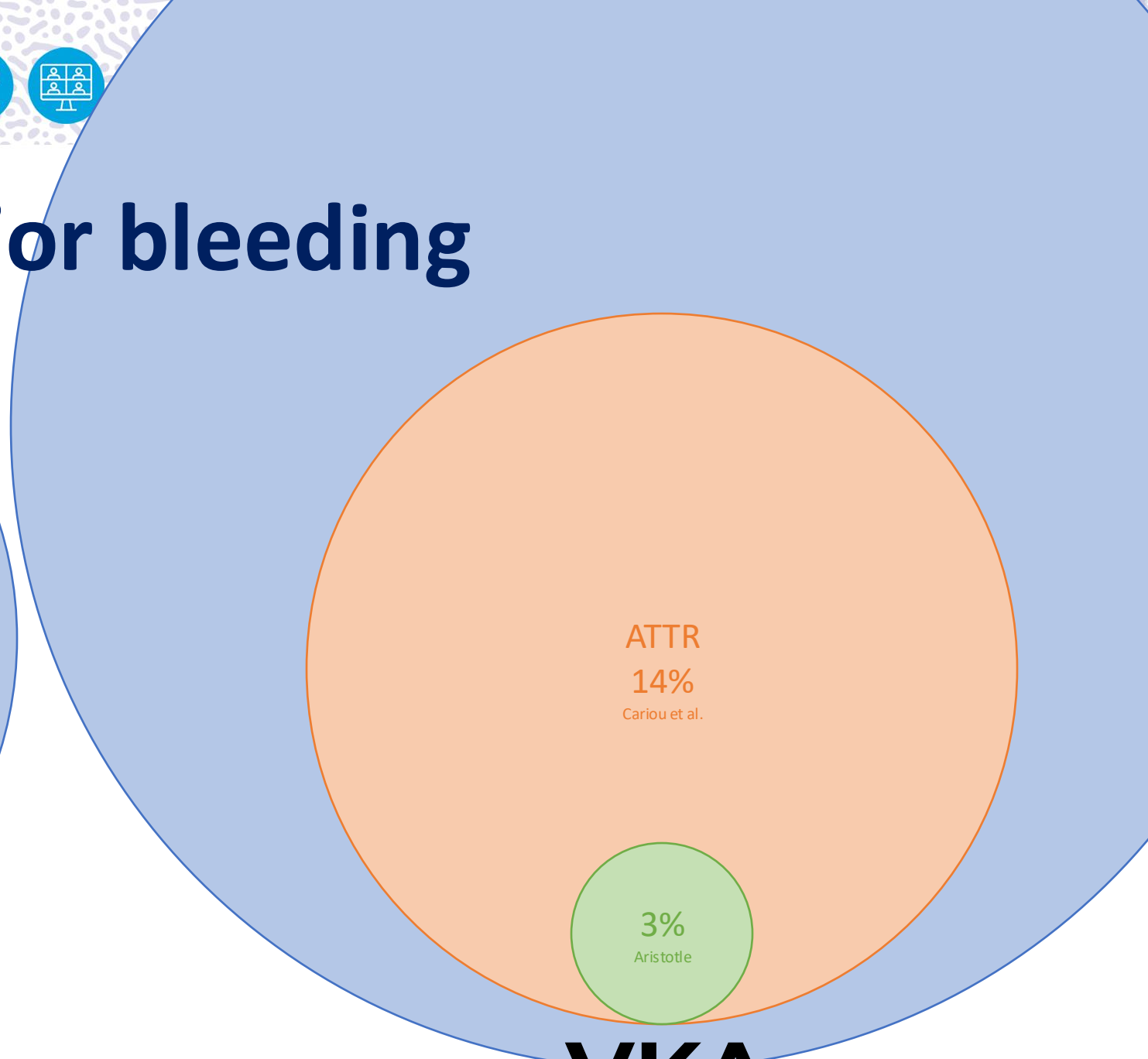
AL, immunoglobulin light chain amyloidosis; GI, gastrointestinal; TTR, transthyretin; wTTR, wild type transthyretin; vTTR, variant transthyretin.



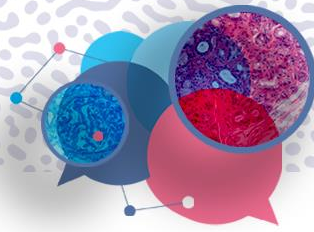
# Major bleeding



**DOAC**



**VKA**



# Haemorrhagic strokes

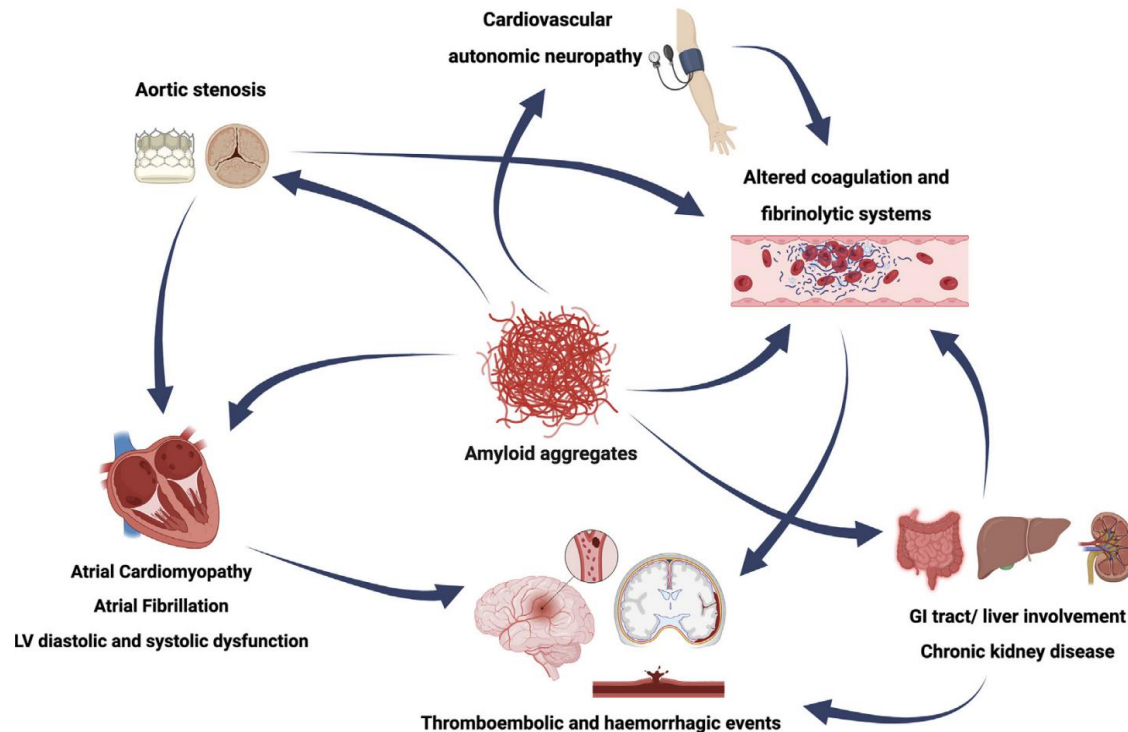
13x

haemorrhagic strokes  
ATTRwt x DOAC





# Rationnel physiopathologique



AL

Atteinte digestive  
Atteinte hépatique  
Déficit en facteur X  
Interactions médicamenteuses  
Angiopathie amyloïde  
Cytopénies

TTR

Âge  
Risque de chute  
Insuffisance rénale  
Syndrome de Heyde



# Summary

## → Augmentation du risque hémorragique spontané et sous traitement

Rationnel physiopathologique

## → Score de risques hémorragiques non applicables :

HAS-BLED ou Hemorr2hages

## → Bénéfice / Risque individuel

- Type d'amylose ATTRwt ATTRv AL
- Dosage Bilan de coagulation TP FX FV
- Atteinte amyloïde digestive et hépatique
- Traitement en cours
- Fragilité *Frailty* du patient : dysautonomie, chutes...