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## Hypercoagulation related to Gastroparesis

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Gastroparesis is possibly linked to hypercoagulation disorders. In hypercoagulation, also known as thrombophilia, the blood clots abnormally which can sometimes lead to serious life threatening conditions such as deep vein thrombosis (blood clots in the legs leading to loss of circulation), pulmonary embolism (blockage of an artery in the lung), heart attack or stroke. The risk of blood clots is increased in patients on prolonged IV nutrition, undergoing surgery, or during hospitalization which is very common in gastroparesis patients.

Fortunately even with a hypercoagulation disorder, the risk of blockage is less than 10% (link1).

Treatment of clotting disorders is usually with Heparin and Warfarin.

For more information on Hypercoagulation, please check out the following links:

1. <http://medical-dictionary.thefreedictionary.com/Hypercoagulation+Disorders>
2. <http://www.drcharlescrist.com/hypercoagulation.htm>
3. <http://labtestsonline.org/understanding/conditions/hypercoagulable-disorders?start=0>
4. <http://www.diagnose-me.com/cond/C546624.html>

The exact role of hypercoagulation in gastroparesis is unclear. Study 1, found that 95% (40 out of 42) patients with severe gastroparesis that was not related to diabetes had hypercoagulation defects! The problem with this study is it does not look at patients with milder symptoms.

It is possible that hypercoagulation causes decreased blood flow, which somehow leads to gastroparesis. Many patients also had autoimmune antibodies. This research was conducted by The University of Mississippi Medical Center. Dr Lobrano, the leading researcher into hypercoagulation and gastroparesis believes that both disorders develop due to an autoimmune dysfunction, triggered by either genetics or infection. Patients with inflammatory bowel disease also have high rates of hypercoagulation (study1).

This research is from 2006 and 2007.

Study 1) Found that in 62 patients with severe gastroparesis, 89% had some form of hypercoagulation.

Hypercoagulation disorders diagnosed included:

- Factor VIII deficiency in 39 patients
- Protein C resistance in 23 patients
- Methylenetetrahydrofolate reductase deficiency in 23 patients
- 

Most patients had 2 or more hypercoagulation defects, and one patient had 5 defects.

### Assessing thrombosis risk in patients with idiopathic, diabetic, and post surgical gastroparesis

<http://www.springerlink.com/content/j3woj12768587208/>

Study 2)

This study compared patients who developed clots while on IV therapy with patients that did not develop clots.

Patients with the autoantibody scl 70 (usually found in Scleroderma patients, also known as Topoisomerase I antibody measurement) were more likely to clot. Clot patients also had lower plasma S levels. Patients with the Ku 66 antibody were less likely to clot. Ku antibodies are found in mixed connective tissue disorders, and several autoimmune disorders. For more information on Ku antibodies see: <http://elaine-moore.suite101.com/ku-antibodies-a26821>

### To Clot or Not To Clot: Are there Predictors of Clinically Significant Thrombus Formation in Patients with Gastroparesis and Prolonged IV Access?

<http://www.springerlink.com/content/w856434407227702/>

Study 3)

The purpose of this study was to look for risk factors of blood clots developing. The following 13 factors were examined: activated Protein C resistance, fibrinogen levels, Protein C and S levels, antiphospholipid IgA, IgM and IgG levels, anti-b2-glycoprotein IgA, IgM, and IgG levels, Factor VIII levels, Antithrombin III levels, as well as the presence of the C677t methyl-tetrahydrofolate reductase mutation. They found that clotting risk could be predicted with 74% certainty.

## Can Thrombosis be predicted in Patients with Gastroparesis?

Article 1059

<http://www.nature.com/ajg/journal/v102/n2s/full/ajg2007604a.html>

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