

Tranexamic acid, an antifibrinolytic frequently beneficial for menorrhagia, epistaxis, and mucosal bleeding, which is the most prevalent type of bleeding. Continuous factor infusion may be necessary for patients who do not respond clinically and who are unable to maintain appropriate factor levels with intermittent infusions.[26] Targeting both FVIII and vWF activity levels of greater than or equal to 0.50 IU/mL for at least three days after major surgery is advised by the 2021 guidelines on managing vWD from the American Society of Hematology (ASH), International Society on Thrombosis and Haemostasis (ISTH), National Hemophilia Foundation (NHF), and World Federation of Haemophilia (WFH). Interestingly, injected vWF has a brief half-life in avWS, particularly in patients with avWS linked to inhibitors or MGUS.[25] To ascertain the half-life of the infused products, levels of vWF:RCo and FVIII activity must be measured both before and soon after the infusion. Tranexamic acid (500 mg tabs) tds orally for 5–7 days at a dose of 25 mg/kg/dose (maximum: 1.5 g/dose). Desmopressin (DDAVP) When there is proof in the medical record of a safe and adequate response, patients with mild to moderate Type 1 vWD may be treated with desmopressin (Desmopressin challenge). Administration: via subcutaneous injection or intravenous infusion Intravenous infusion: dilute with 0.9% sodium chloride to a final volume of 50 mL, then infuse for at least half an hour. Because of its increased concentration, Octostim(R) is recommended for subcutaneous injection. For dosage modifications and intervals, careful observation of clinical response and vWF activity measures is necessary. After injection, the half-life of FVIII:C is around double that of vWF Ag. (20–24 hours compared to 10–14 hours)), ascribed to the endogenous rise in FVIII levels, which the additional exogenous vWF infusion stabilizes. Factor generated from plasma If desmopressin fails to stop bleeding, a replacement of VIII/vWF (Biostate(R)) .(may be necessary. Presentation: Minirin(R) (4 micrograms/mL) and Octostim(R) (15 micrograms/mL