

8. Factor V Leiden and bleeding

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Q: "I was found to have FVL. I also have anemia. I have had two upper and lower GI's [endoscopies]. My two gastroenterologists say I have "leaky vessels" in my gastrointestinal tract. Is this a problem in FVL patients?"

A: No.

Patients with factor V Leiden usually do not bleed more easily than other people. There are a few circumstances under which patients with factor V Leiden have unusual bleeding:

- if patients have, in addition to their factor V Leiden, one of the bleeding disorder that anybody else may also have (such as, for example, von Willebrand's disease, low platelets, hemophilia, etc.);
- if patients are on blood thinners;
- When a blood clot forms in a vein and the blood flow is obstructed, the blood backs up in the blood vessel leading to the clot, the pressure in that blood vessel increases, and small amounts of blood may leak into the surrounding tissues. These types of bleeds lead to the dark skin discoloration some people get in their legs after a deep vein thrombosis (= DVT), termed postthrombotic pigmentation. Through the same mechanism a venous thrombosis in the brain (= cerebral vein thrombosis) may lead to small bleeds into the brain, and a clot in the veins of the intestine (= mesenteric veins) may lead to oozing into the gastrointestinal (= GI) tract. Usually patients have symptoms from the primary clot. Thus, the patient with mesenteric vein thrombosis would likely also have abdominal pain, nausea and vomiting.
- Some blood clots in the abdomen (portal vein thrombosis; liver vein thrombosis = Budd-Chiari syndrome), that can occur in patients with factor V Leiden, lead to varices (= dilated veins) around the food tube (= esophagus), stomach, or the rectum. These varices may rupture and a patient may bleed into the intestinal tract. A gastroenterologist would see such varices on endoscopy, i.e. when he/she looks into the stomach or the colon.