Letter to the Editor

Adult Cardiac Surgery

Turk J Thorac Cardiovasc Surg 2026; 34(4): 374-375

Coronary bypass for acute coronary syndrome in severe hemophilia A

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Keywords: Hemophilia A, acute coronary syndrome, coronary artery bypass grafting.

Dear Editor,

We read with interest the case series by Köseoğlu et al.,[1] which showed that coronary artery bypass grafting (CABG) can be performed in patients with hemophilia when perioperative factor replacement is coordinated by a multidisciplinary team. Our experience adds a clinically challenging presentation involving acute coronary syndrome, severe left ventricular dysfunction, and complex multivessel coronary artery disease.

A 50-year-old man with severe hemophilia A (baseline factor VIII activity, 0.5%), diabetes mellitus, chronic kidney disease, and a 10-pack-year smoking history presented with progressive dyspnea and typical anginal chest pain. Electrocardiography demonstrated ST-segment depression in leads V1-V6, high-sensitivity troponin T was 1125 ng/L, and echocardiography showed global hypokinesia with a left ventricular ejection fraction of 25%. Following hematology consultation, factor VIII concentrate was administered to achieve a target activity of 100%, and coronary angiography was performed through the radial artery.

Angiography demonstrated a Medina 1,1,1 subtotal lesion at the left anterior descending artery-second diagonal bifurcation, critical circumflex disease, and proximal chronic total occlusion of the right coronary artery. The SYNTAX score was 27, indicating intermediate anatomic complexity. The Heart Team selected surgical revascularization based on diabetes, multivessel disease involving the left anterior descending artery, severe ventricular dysfunction, complex bifurcation anatomy, and chronic total occlusion. Severe hemophilia and the anticipated cumulative bleeding burden of antithrombotic therapy were considered additional, rather than isolated, determinants.

Four-vessel CABG was performed using the left internal mammary artery to the left anterior descending artery and saphenous vein grafts to the diagonal, third obtuse marginal, and posterior descending arteries. Factor VIII replacement was continued with a target activity of 100%; 4500 IU was administered on the day of surgery, followed by 2000 IU daily for three postoperative days. No clinically apparent bleeding or ischemic complication occurred, and the patient was discharged on postoperative day 6.

Current guidance recommends clotting-factor prophylaxis when antithrombotic treatment is require d in severe hemophilia and supports individualized targets according to procedural and treatment intensity.[2] Revascularization decisions should nevertheless remain anatomy- and prognosis-driven, with Heart Team assessment in complex disease.[3] Major surgery also requires planned factor replacement and close laboratory and clinical monitoring.[4] This case complements the experience reported by Köseoğlu et al.[1] and illustrates that severe hemophilia should not, by itself, preclude CABG when the clinical benefit is compelling and hemostatic management is coordinated across specialties.

Ethics

Informed Consent: Written informed consent was obtained from the patient for publication of this clinical information.

Acknowledgments

The authors reviewed and verified the final content and take full responsibility for the manuscript.

The authors used artificial intelligence (AI)-assisted language tools solely for language editing and grammar refinement. All scientific content, interpretation, and conclusions are the responsibility of the authors.

Cite this article as: *Tanrıverdi H, Aşık R, Çınar OE, Durak Ediboğlu E. Coronary bypass for acute coronary syndrome in severe hemophilia A. Turk J Thorac Cardiovasc Surg. 2026; 34(4): 374-375*

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DOI: *10.4274/tjtcs.2026.2026-7-38*
Received: *July 28, 2026* ***Accepted:*** August 28, 2026 ***Epub:*** *September 1, 2026* ***Publication Date:*** *October 12, 2026*

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Footnotes

Authorship Contributions

Surgical and Medical Practices: H.T., R.A., O.E.Ç.; Concept: H.T.; Design: H.T., O.E.Ç.; Data Collection or Processing: H.T., R.A., O.E.Ç.; Analysis or Interpretation: H.T., R.A., O.E.Ç., E.D.E.; Literature Search: H.T.; Writing: H.T., R.A., O.E.Ç., E.D.E.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

References

1. Köseoğlu FD, Demirci Z, Kahraman Ü, Saydam G, Şahin F. Is it safe to perform coronary artery bypass grafting surgery in patients with hemophilia? A case series of four patients. Turk Gogus Kalp Damar Cerrahisi Derg. 2025;33:251-6. doi: 10.5606/tgkdc.dergisi.2025.25800.
2. Schutgens REG, Jimenez-Yuste V, Escobar M, Falanga A, Gigante B, Klamroth R, et al. Antithrombotic treatment in patients with hemophilia: an EHA-ISTH-EAHAD-ESO Clinical Practice Guidance. Hemasphere. 2023;7:e900. doi: 10.1097/HS9.0000000000000900.
3. Lawton JS, Tamis-Holland JE, Bangalore S, Bates ER, Beckie TM, Bischoff JM, et al. 2021 ACC/AHA/SCAI Guideline for coronary artery revascularization: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2022;145:e18-114. Erratum in: Circulation. 2022;145:e772. doi: 10.1161/CIR.0000000000001060.
4. Srivastava A, Santagostino E, Dougall A, Kitchen S, Sutherland M, Pipe SW, et al.; WFH Guidelines for the Management of hemophilia panelists and co-authors. WFH Guidelines for the management of hemophilia, 3rd edition. Haemophilia. 2020;26(Suppl 6):1-158. Erratum in: Haemophilia. 2021;27:699. doi: 10.1111/hae.14308.