CLINICAL AND EPIDEMIOLOGICAL PROFILE OF CONGENITAL COAGULOPATHY PATIENTS ATTENDING AT GENERAL **EMERGENCY DEPARTMENT**



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INTRODUCTION

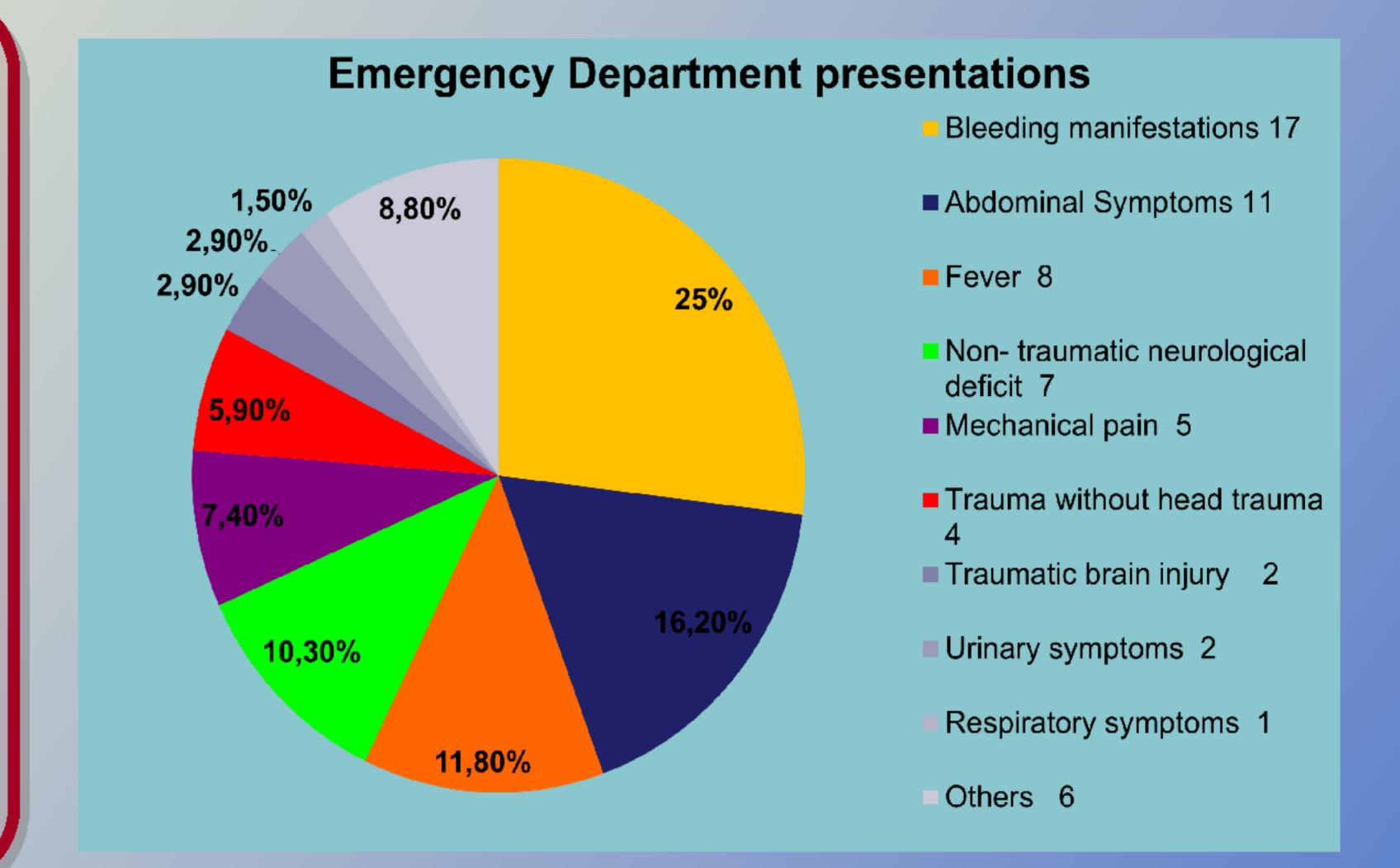
We developed the following prospective study in order to meet the clinical profile, the leading causes of consultation and complications of congenital coagulopathies patients treated at the General Emergency Department of Universitary Hospital La Paz, referral center for patients with congenital coagulopathy.

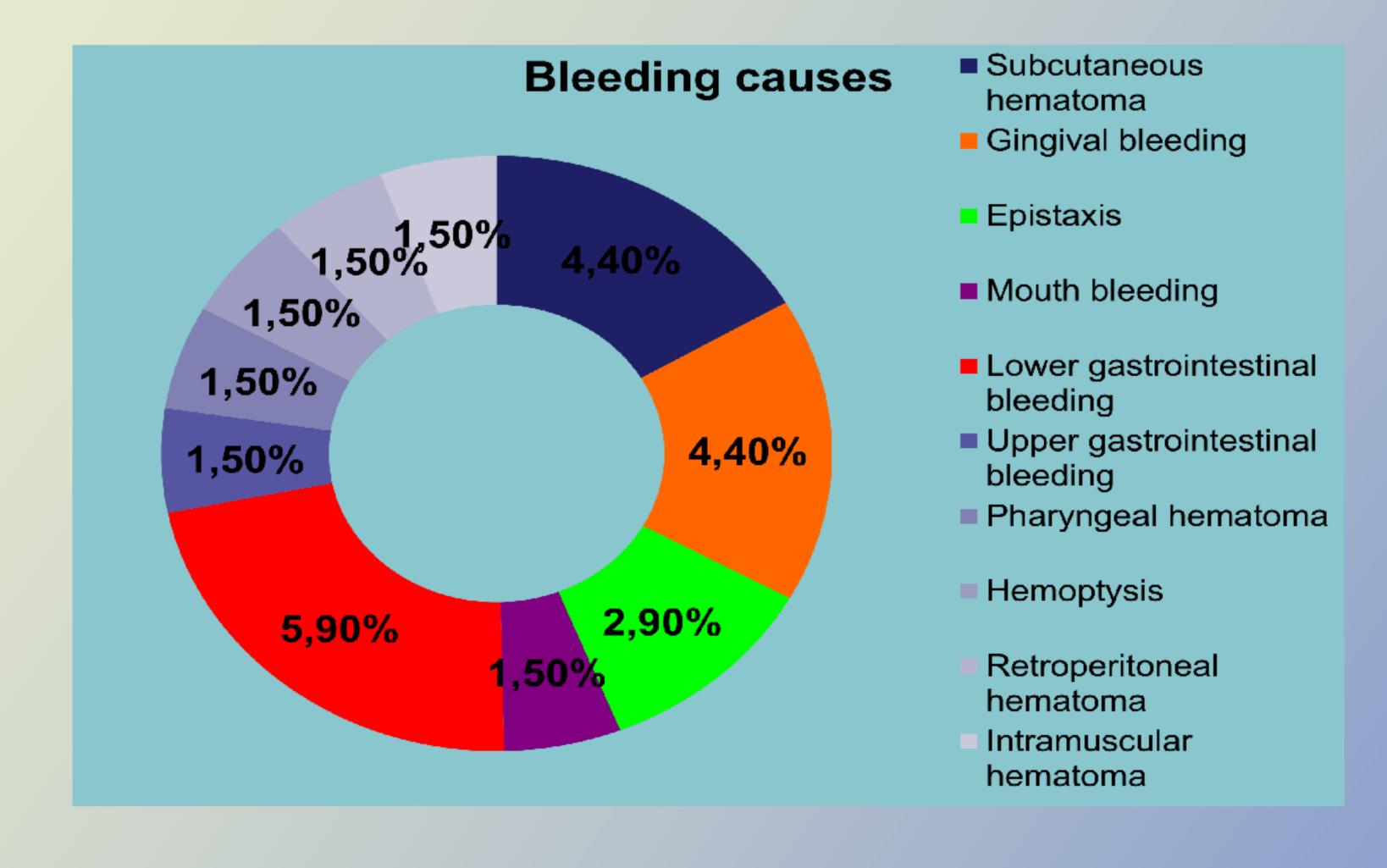
METHODS

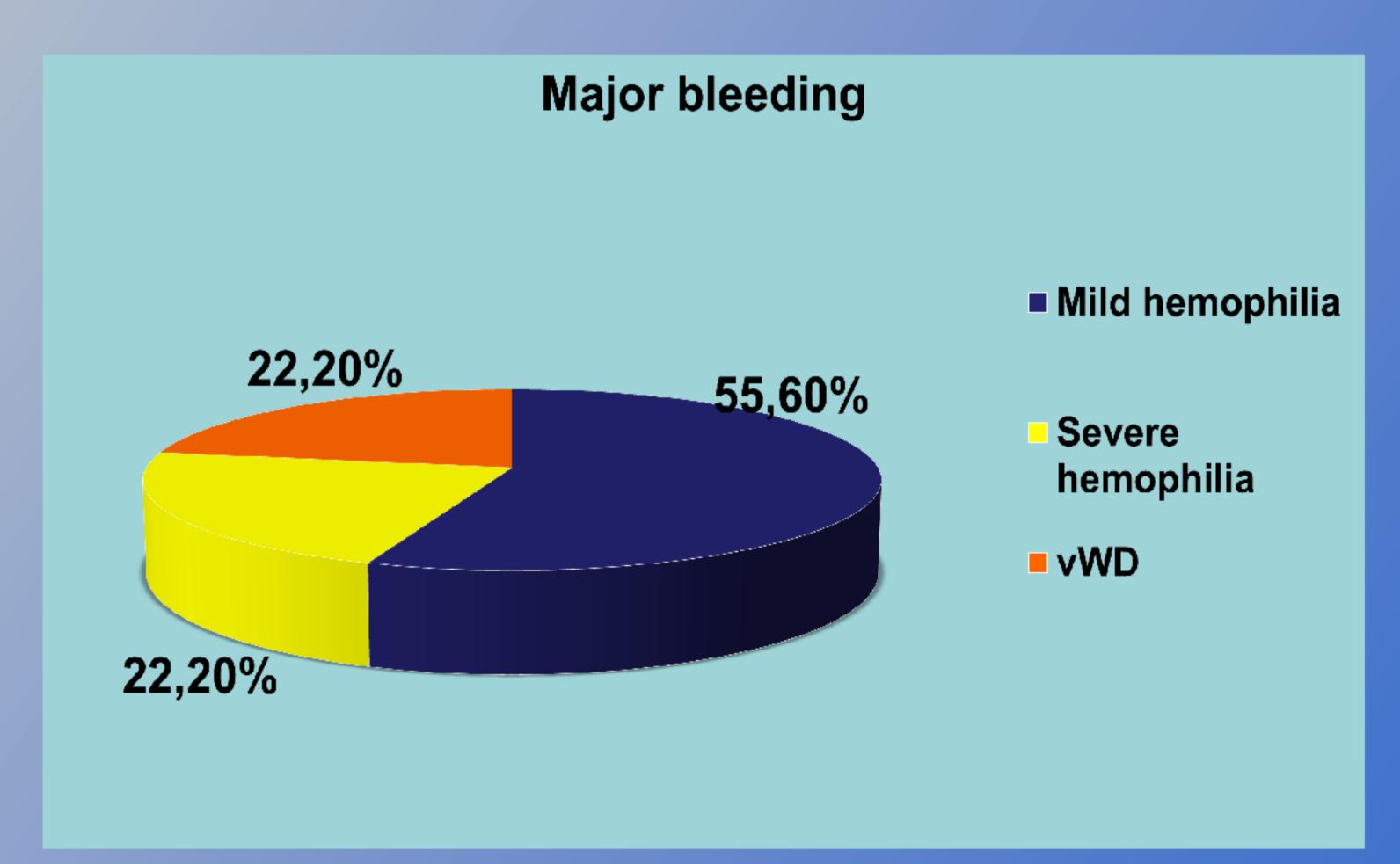
We selected all patients from April 1, 2011 and November 30, with congenital coagulopathy: Hemophilia A (HA), Hemophilia B (HB) and Von Willebrand Disease (vWD) attended at Emergency Department.

RESULTS

- 68 patients: 47% HA,42,6% HB and 10,3% VWD patients.
- Mean age $36,3 \pm 13,3$ (15-72 years). No difference in age (p = 0,41).
- 59,4% of HA patients were severe versus 28.6% of HB patients (p=0.185) and 71.4% mild HB versus 34.4% of HA patients (p=0.185).
- 23 patients (33.8%) were hepatitis C virus (HCV), 25% HIV and 5.9% hepatitis B virus (HBV).
- HA patients were most commonly HCV positive (56.3% HA, 14.3% HB and 13.8% VWD; p=0.001). This situation was the same for HIV patients (46.9% HA, 14.3% HB and 3.4% VWD; p=0.000), but not for HBV infection (9.4% HA, 0% HB and 3.4% VWD; p=0.48).







CONCLUSIONS

MOST OF THE PATIENTS CONSULTED FOR BLEEDING COMPLICATIONS. HIGH RISK BLEEDING MOST FREQUENTLY REQUIRED CLOTTING FACTOR REPLACEMENT AND SHOWED A HIGH ADMISSION RATE WITHOUT DIFFERENCE IN TYPE AND SEVERITY OF DISEASES. THIS DETERMINES THAT THE ASSESSMENT AS LIFETHREATING CONDITION OF ALL BLEEDING PATIENTS WITH CONGENITAL COAGULOPATHY SHOULD BE INDEPENDENT OF DISEASES SEVERITY. THE CLINICAL PROFILE IS A YOUNG HA PATIENT, WITH AN AVERAGE AGE UNDER 40 YEARS, WITH SEVERE DISEASE AND CO-INFECTED WITH HCV AND HIV.

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