HEMATOLOGICAL AND GYNECOLOGICAL ASSESSMENT IN HEMOPHILIA CARRIERS

Ramírez C, Rozo A, Valencia G, Portilla A, Arteaga A, Abadía R, Arias D

IPS Especializada. Bogota D.C., Colombia (South America)

Background

Carriers with low factor levels may have abnormal bleeding. In many carriers occurs similar bleedings to those seen in mild hemophilia. However, there is a higher gynecological abnormal bleeding (menorrhagia, postpartum hemorrhage) and prolonged o serious bleeding after trauma or surgery. This could have an important impact on health and quality of life.

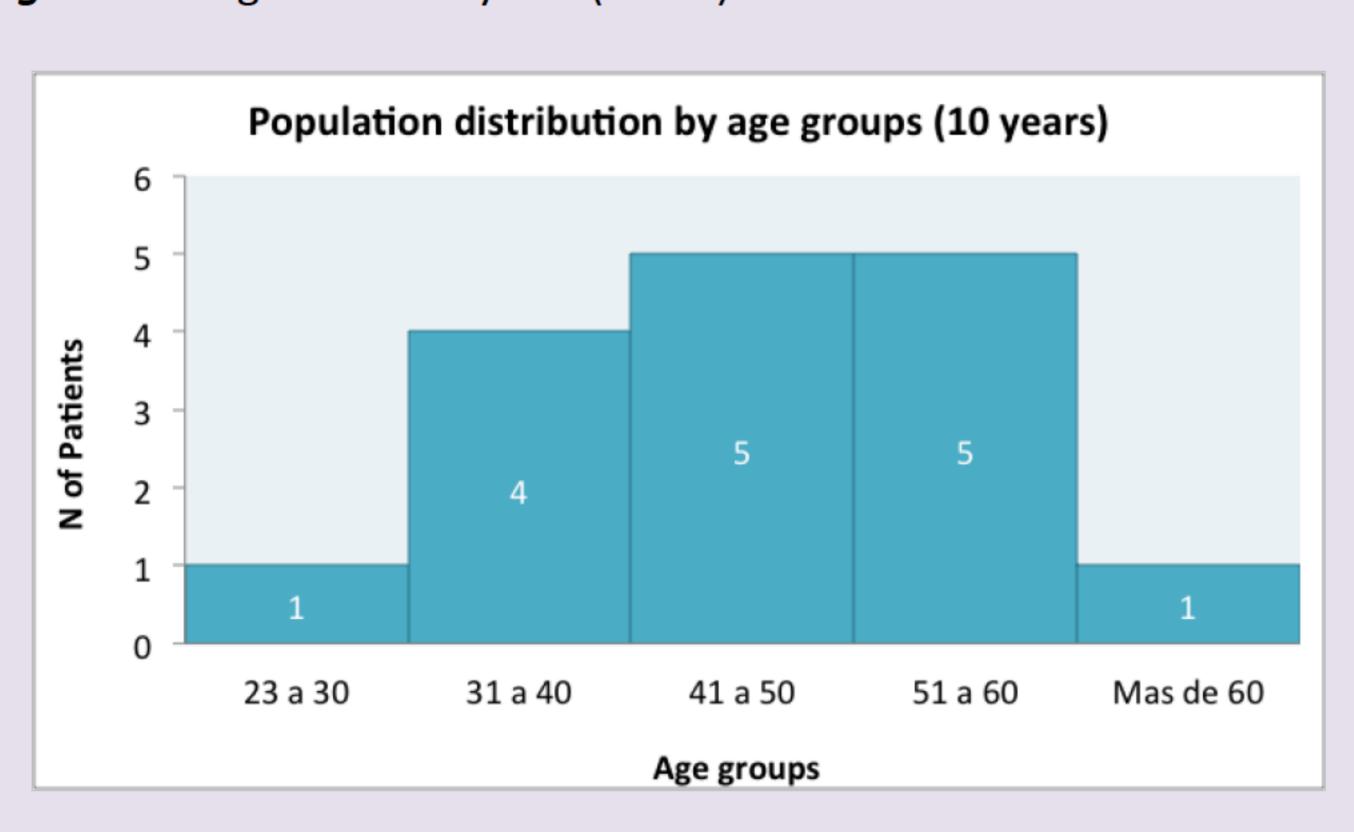
Objective

To describe hematological and gynecological conditions in a cohort of hemophilia carrier patients.

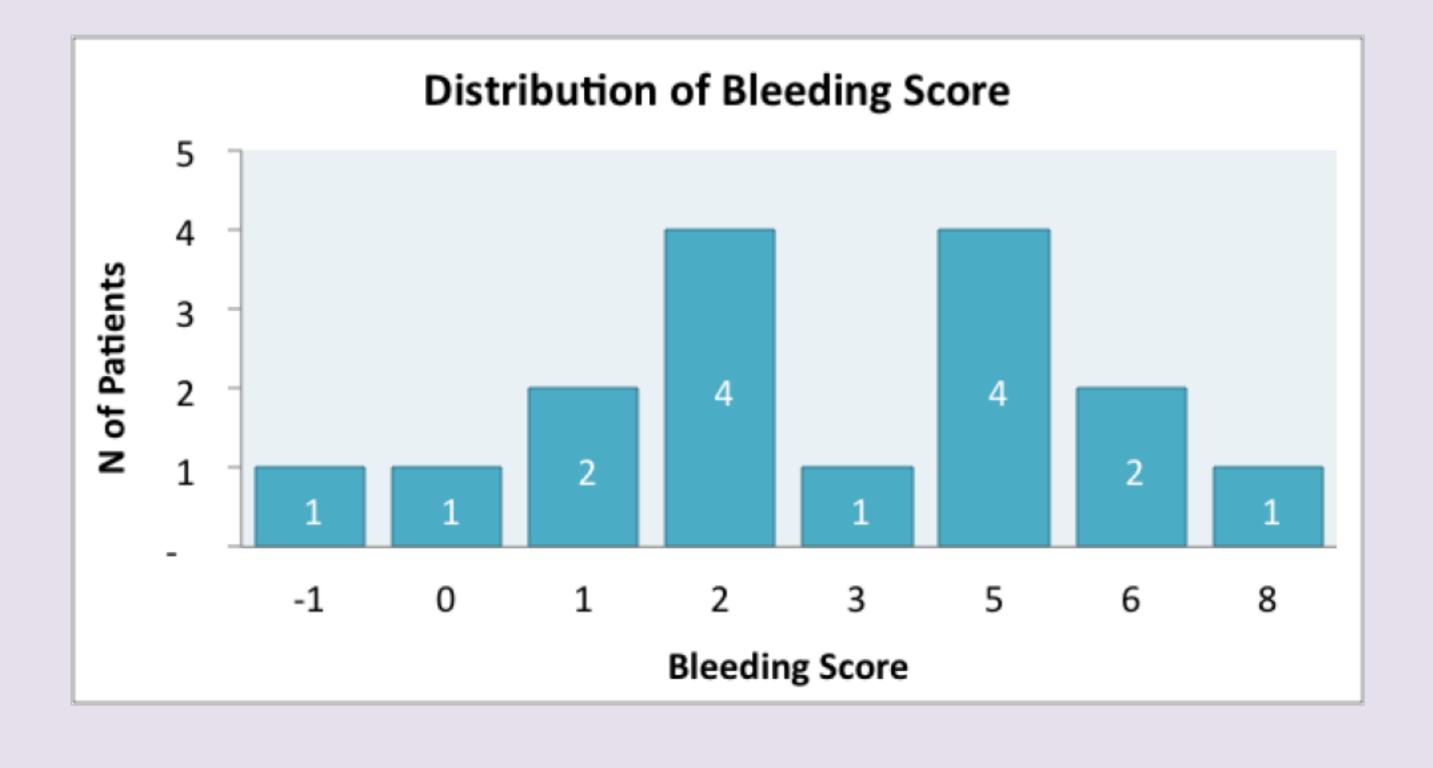
Methods and Results

We studied a cohort of 16 obligatory carrier patients (daughters of father with hemophilia, mothers of two or more children with hemophilia or mother of son with hemophilia and at least one another family member with hemophilia) and evaluated the hemorrhagic trend using the Bleeding Score (BS), analyzed diverse gynecologic parameters and performed a generic quality of life survey (SF-36 questionnaire).

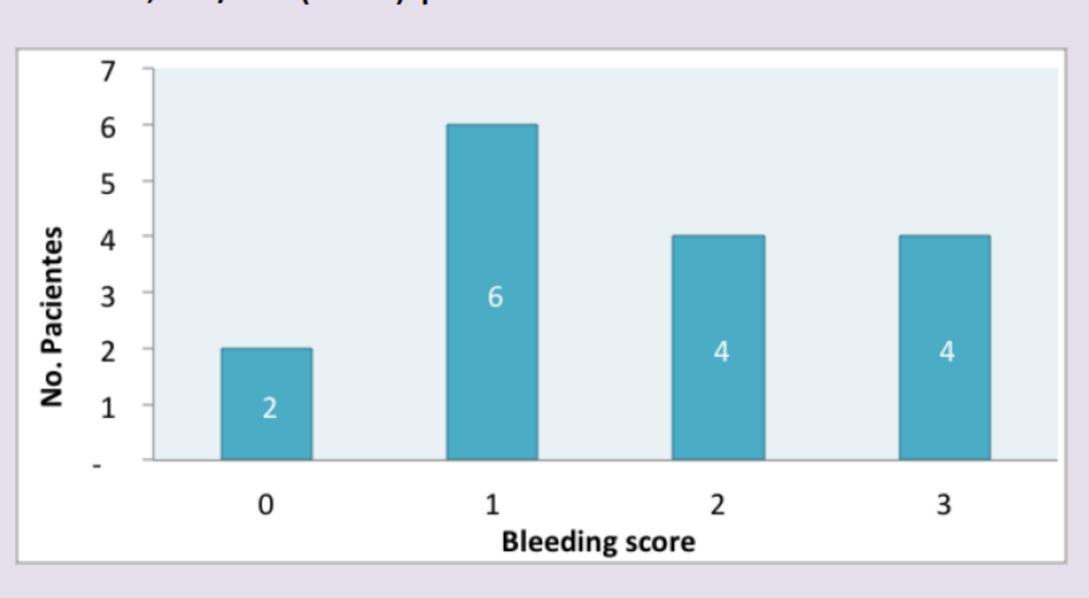
Age: Mean age was 43.7 years (22-60).



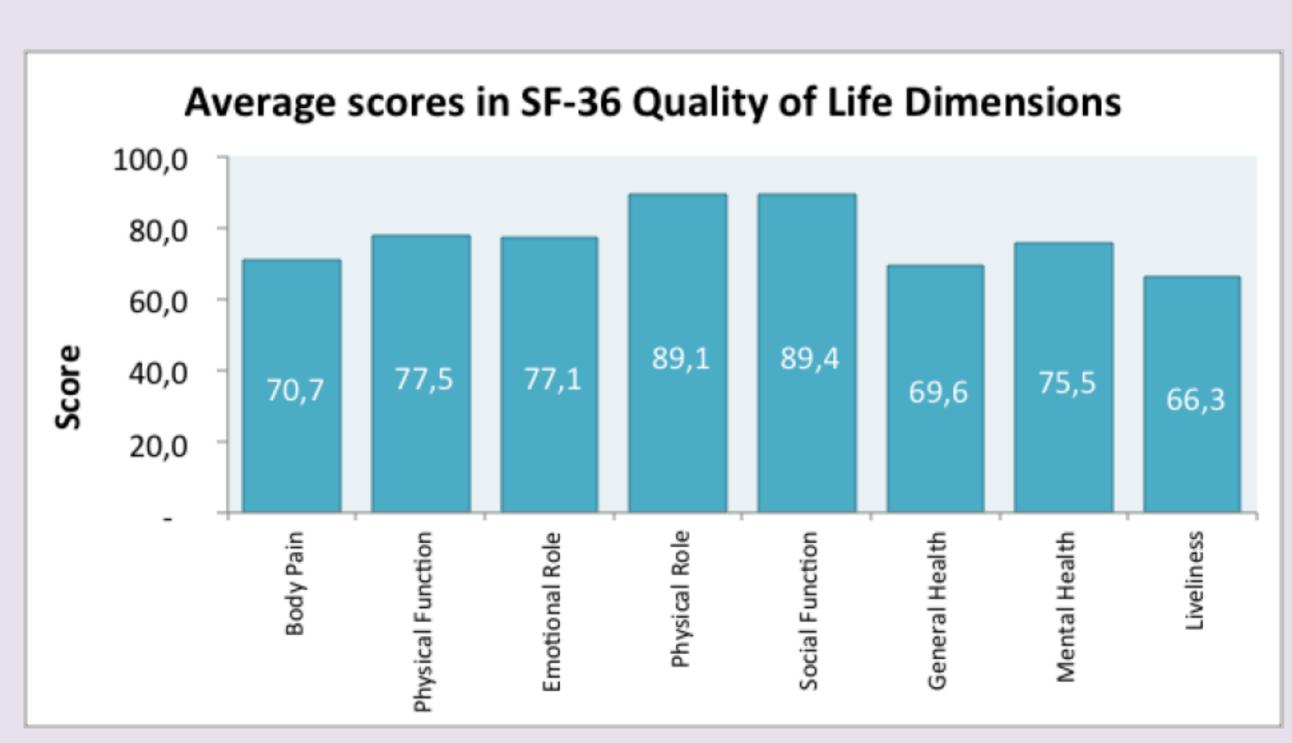
Bleeding Risk: The mean bleeding score was 2.3; a higher bleeding trend was seen related with tooth extractions, and bruises. 7 patients (44%) have a BS of more than 4.



Menorrhagia: In women with fertile potential menorrhagia was estimated using Pictorial Blood Assessment Chart (PBAC). The average score was 360; 10/11 (91%) patients had scores above 100.



- **Other gynecological conditions:** 5 patients (31%) had postpartum hemorrhage; 3 (18%) required hysterectomy due to menorrhagia. Half of patients have dysmenorrhea; none of them have consulted previously due to menorrhagia. No patients have received antifibrinolytics or factor replacement therapy due to menorrhagia.
- **Other evaluations:** The average factor level was 60% (26%- 134%). The average ferritin level in pre-menopausal women was 38 (18-72).
- **Quality of life:** None of the eight SF-36 scales was altered.



Conclusions

- •Carriers have an evident hemorrhagic tendency. Occurrence of symptoms correlates closely to plasma levels of Factors VIII/IX.
- Hemorrhagic risk evaluation systems show abnormal scores on different aspects than implicates clinical challenges.
- •Menorrhagia is the maximum impact symptom in our patients. The prevalence in our patients was 91%. We used the PBCA as clinical assessment of menorrhagia. Scores greater than 100 per cycle is a good predictor of menstrual blood loss of more than 80mL.
- Other gynecological conditions found in our patients are relevant for additional analysis.
- •Gynecological manifestations impact negatively the health status and quality of life in carriers; many patients do not consult or do not receive adequate treatment for this condition.
- An adequate assessment allows the implementation of therapeutic interventions to minimize these complications.
- •Several guidelines have been published by hemophilia organizations that orientate management of women with bleeding disorders.



Poster

