

Prophylaxis introduced 13 years ago, retrospective studies, experience in a Brazilian center



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OBJECTIVES

Hemophilia is a congenital disorder and prophylaxis is the best treatment. External factors hinder the introduction of treatment in developing countries. Prophylaxis introduced in Brazil in Treatment Center, 2003. Retrospective studies of 13 years in this center demonstrated the feasibility of the treatment in Brazil / Brasilia.

METHODS

Evaluated 82 patients with Malmo Protocol. Laboratory data evaluated in Pharmacokinetics: Hemophilia A: 2, 24, 48 h. Hemophilia B up until 72 hours. Reviews musculoskeletal by magnetic ressonance: knees, elbows, ankles. Scales of Denver and IPSPG. Evaluated patients over 18 years in three respects.

RESULTS

The study included 82 patients: Hemophilia A-81%, and hemophilia B-19%. Severity: Severe-94% and Moderate-6%. Prophylaxis type: Primary-27%, 59%, Secondary, Tertiary-7% and Demanda'-7%. Clotting factors: Hemophilia A-recombinant to 79.5% (rFVIII) and plasma 19.5%. Hemophilia B-recombinant and plasma-37.5%, 62.5%. Patients were divided by age group every five years, (0 ≥ 45 years). <5 years (3.6%.); ≥ 5 and ≤ 30 (6%); ≥ 10 and ≤ 15 (14.6%); ≥ 15 and ≤ 20 (10.9%); ≥ 20 and ≤ 25 (13.4%); ≥ 25 and ≤ 30 (18.2%); ≥30 and ≤ 35 (7.3%); ≥ 35 and ≤ 40 (14.6%); ≥40 and ≤ 45 (6%); > 45 (4.8%). Coagulant Dose Average VIII and IX / kg -37.56 IU / kg. Musculoskeletal reviewed 0-15 years, score on the scale of Denver- 0.4. Score IPSPG- 0.3. Gradual rise in those over 15 years at 3.6, 3.2 IPSPG. Groups up there progression of musculoskeletal disorders reaching levels of 7.4 (Denver scale) and 5.9 in IPSPG. Ankles are more committed. Patients over 18 have more education index: University / incomplete-57%; Full intermediate / incomplete-29% complete basic / incomplete-7%. Patients who live more than 30 km of the treatment center: 45%. Patients not receiving government aid: 73%.

CONCLUSIONS

Pioneering study-evaluating prophylaxis in Brazil. Results similar to the literature. Musculoskeletal analysis of patients in the prophylaxis to 13 years, are close to normal, reduced compared with group above 15 years.

REFERENCES

Prophylaxis in Chidren with hemophilia: Evidence-Based Achievements, Old and New Challenges; Copolla et al.