The running infection of Hepatitis C Virus (HCV) is too late in female with Severe Hereditary Clotting Factors Disorders (SHCFD): French Single Centre Experience

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Purpose

HCV infections due to transfusion of red blood cell or derives are poorly described in female exclusively with SHCFD.

Viral infection status of a large French cohort RFC (Réseau Francecoag) is presented at this poster session with 1036 women, out **227 HCV+ (i.e 22.7%).** (Poster n° PO-MO-267)

Objectives

- Define more precisely the reasons of HCV infection in women with SHCFD.
- Try to analyse the motive of slow diagnosis.
- Look carefully to see if answers could be apply to improve early HCV diagnosis to propose the best care.

Methods

- Description of this little cohort.
- Describe date and circumstances for HCV positive serology discovery (HCV Screening test available in 1990).
4. Describe type and date of treatments which are concerned for HCV infection.
4. Describe PCR of HCV results.

Results 1: Population

45 females with SHCFD are be regularly following at Hemophilia Treatment Centre of Versailles.

8/45 HCV + (17.8%):

-n=4 VWD type 1 (VWF:Ag<30%) or
type 2 (VWF:RCo or VWF:CB/VWF:Ag<0.7)
-n=2 FVIII >5% - <30%
-n=1 FXI<10%
-n=1 FX<10%

Results 2: Description of the population

N	First HCV + serology	Reason of diagnosis of first serology HCV positive	Family history or personnal known SHCFD before	Regular follow up at HTC	SHCFD	Date of treatments by blood, cryoprecipitates or clotting factor concentrates	HCV by PCR	Treatments of HCV and issue	HCV Diagnosis delay
1	1990	Virology control	Yes	Yes	MDW type 1	1982 1987 1988	Neg	-	No
2	1991	Giving of blood	Yes	No	MDW type 2	1984	Pos	Not yet	Yes, 1 year
3	1995	Virology control when bleeding episode	Yes	No	FX	1953 1975 1979	Pos	No Fibro Actitest A0/F2	Yes, 5 years
4	1996	Systematic preoperative surgery	Yes	No	FVIII = 20%	1978	Pos	Yes, cure and recovery	Yes, 6 years
5	1999	ND	Yes	No	FVIII = 13%	1980 1985 1987	Pos	No FibroActitest A0/F0	Yes, 9 years
6	2001	Many trauma episodes before 2001 Fracture one's leg in 2001	Yes	No	MDW type ND	1950 1954 1976 1980	Pos	Refusal all treatments FibroActitest A3/F4	Yes, 11 years
7	2006	Virology control when bleeding episode	No	No	MDW type 2	1988	Neg	-	Yes, 16 years
8	2008	Systematic preoperative surgery – First diagnosis of FXI<10%	No	No	FXI	1952	Neg	-	Yes, 18 years

Results comments

2. No diagnostic delay in only 1/6 case with known family history.
3. No regular follow up at HTC in 7/8 cases, before the first HCV + serology, despite previous history.
4. HCV + and PCR + in 5/8 cases, patient n°4 has been treated with success 18 years from concerned with HCV treatment.
5. Patient n°6 well known by MS before 2008, because she had suffered many trauma episodes but never controlled HCV (and other viral status) by blood sampling.
6. We have to notice that patient n°7has been in contact with HCV by non inactivated clotting factor concentrates in 1988. In France,Solvent Detergent VWFactor concentrate was available in 1987. I have no explanation at that time.
6. Now, all patients with PCR+ are following up by hepatologist every 6 months.

Conclusions

1. In a family with SHCFD,Medical Staff (MS) has to identify women with risk to be in touch with blood or derived from family tree. It is not so easy to do it.
2. Viral serology (in peculiar HCV,HBV,HIV,HAV,PVB19) must be proposed so to detect one or more illness possibly cure by adapt and new treatments.
3. An adapt follow up must be explained and established with girl parents or concerned women. If not done before, a desmopressine test has to be proposed to females with VWD or carriers with factor VIII defect if there is no inadvisable.
4. If not realise before, a HBV and HAV vaccination is strongly warranted.

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