

SECONDARY PROPHYLAXIS WITH ANTI INHIBITOR COAGULANT COMPLEX (AICC): FROM ANECDOTE TO REALITY.

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Introduction:

Evidence of prophylaxis benefit in patients without inhibitors to reduce hemarthrosis and severe bleeding have not been demonstrate in patients with Hemophilia A (HA) and inhibitors; however we could assume reduction in bleeding episodes. Several publications have shown good results of secondary prophylaxis with AICC agents to reduce safely the number of bleeding events. Here we report the results in hemophilia treatment centers of two cities in a developing country, with access difficulties related to the high cost of this therapy for the Health System.

Objective:

Describe the frequency of hemarthrosis and other bleeding episodes in patients with HA and inhibitors under AICC (FEIBA[®]) prophylaxis.

Methods:

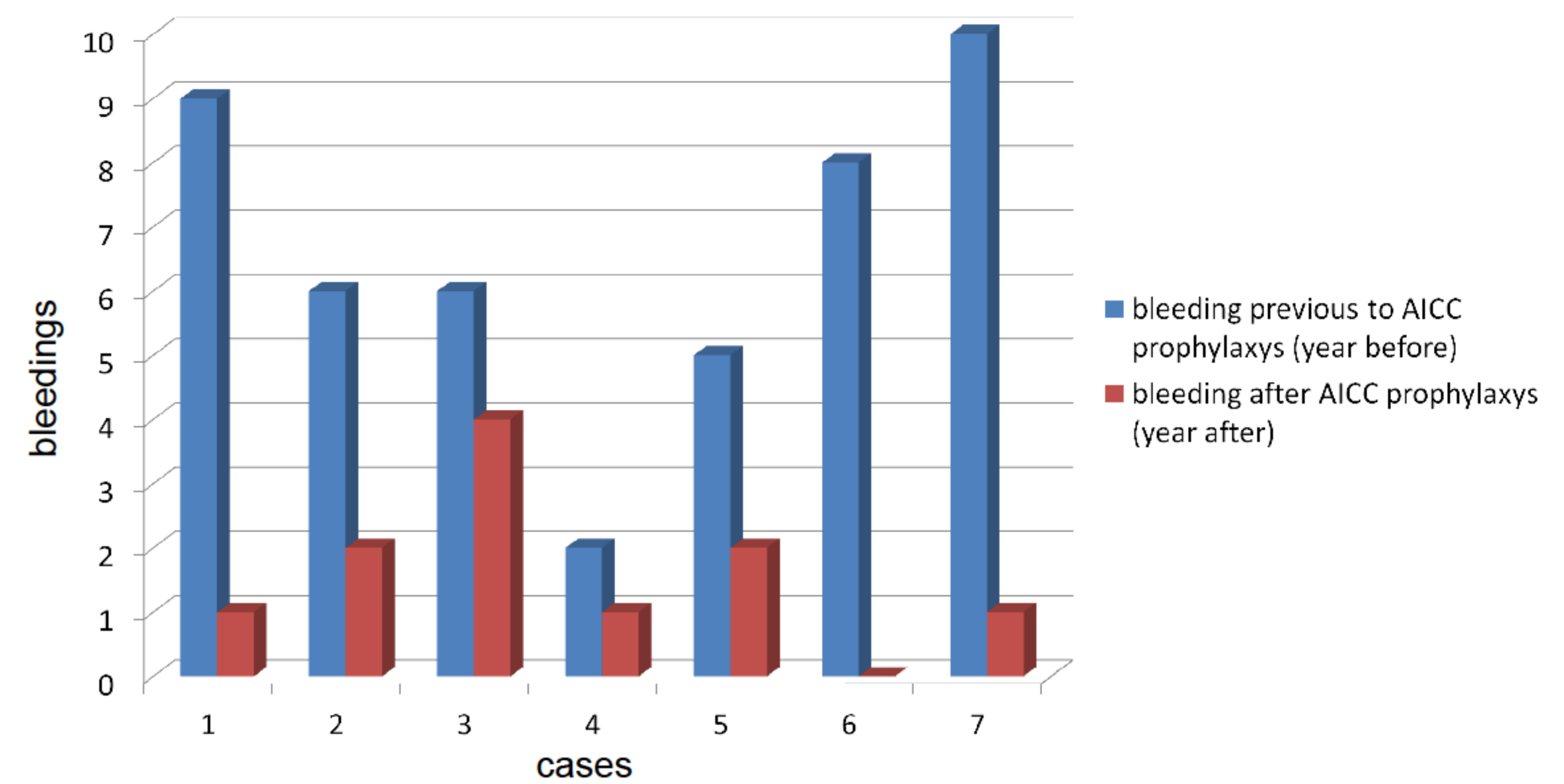
Case series study. Inclusion criteria: HA patients with high inhibitor title (>5 UB), severe bleeding or frequent hemarthrosis or target joint, at least 6 months of prophylaxis with AICC.

Results:

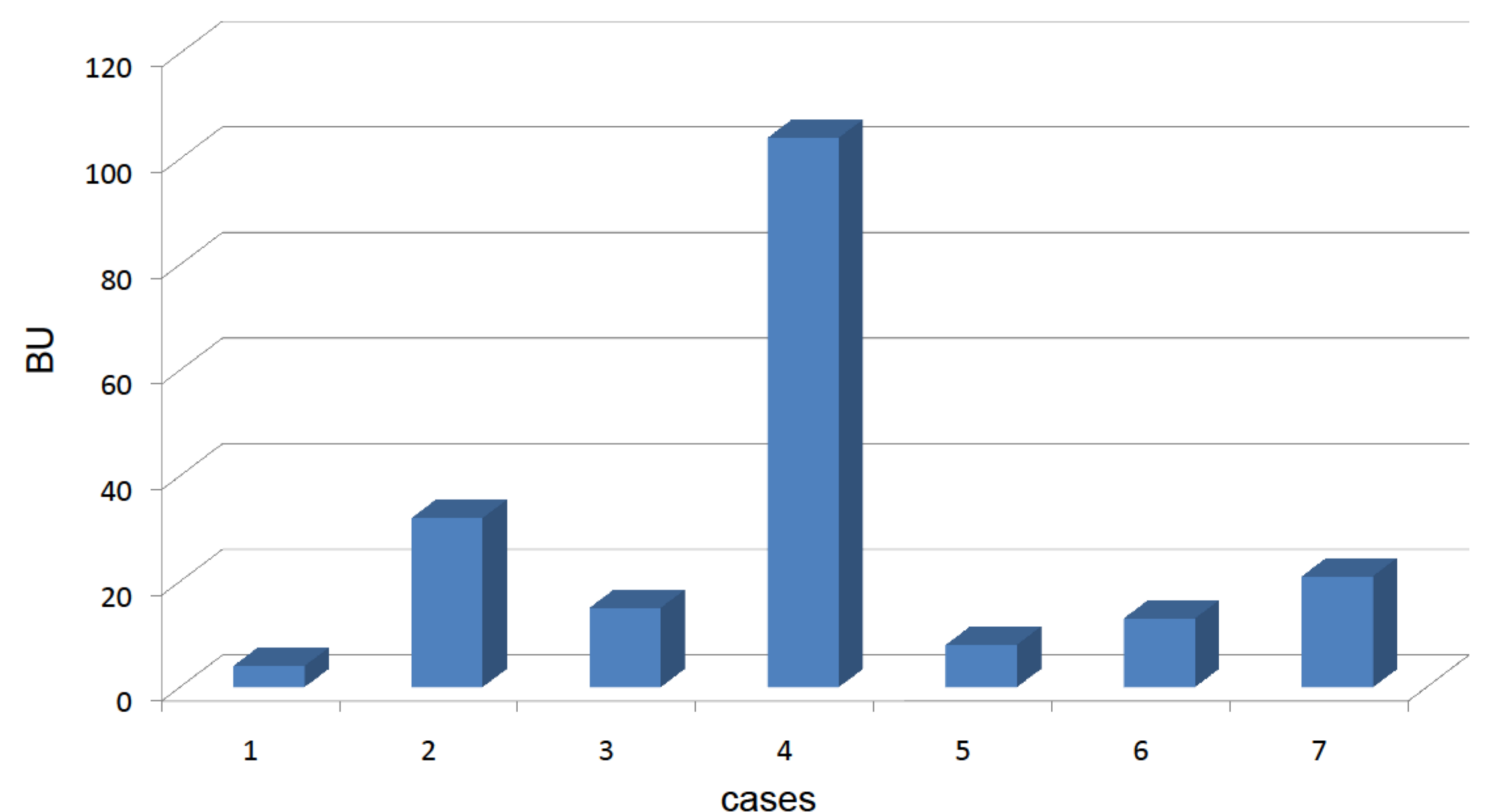
	n=7
Age median (range)	19 yrs (7-38 yrs)
SHA/MHA	6/1
Inhibitor peak title	Median 80 BU Range 25,6 - 1178 BU
Inhibitor title at diagnosis	Median 28 BU Range 4 – 104 BU
Target joint	6/7
Time with AICC prophylaxis	Average 2,8 yrs Range 0,7 - 6 yrs
AICC dose	Average 58 u/kg Range 40 - 75 u/kg
Before AICC prophylaxis bleeding	- Hemarthrosis 7/7 - Severe bleeding 2/7 - Average all type bleeds 5/year

No patient had thrombotic events during the time of prophylaxis with FEIBA. Compliance with AICC schedule was over 80%.

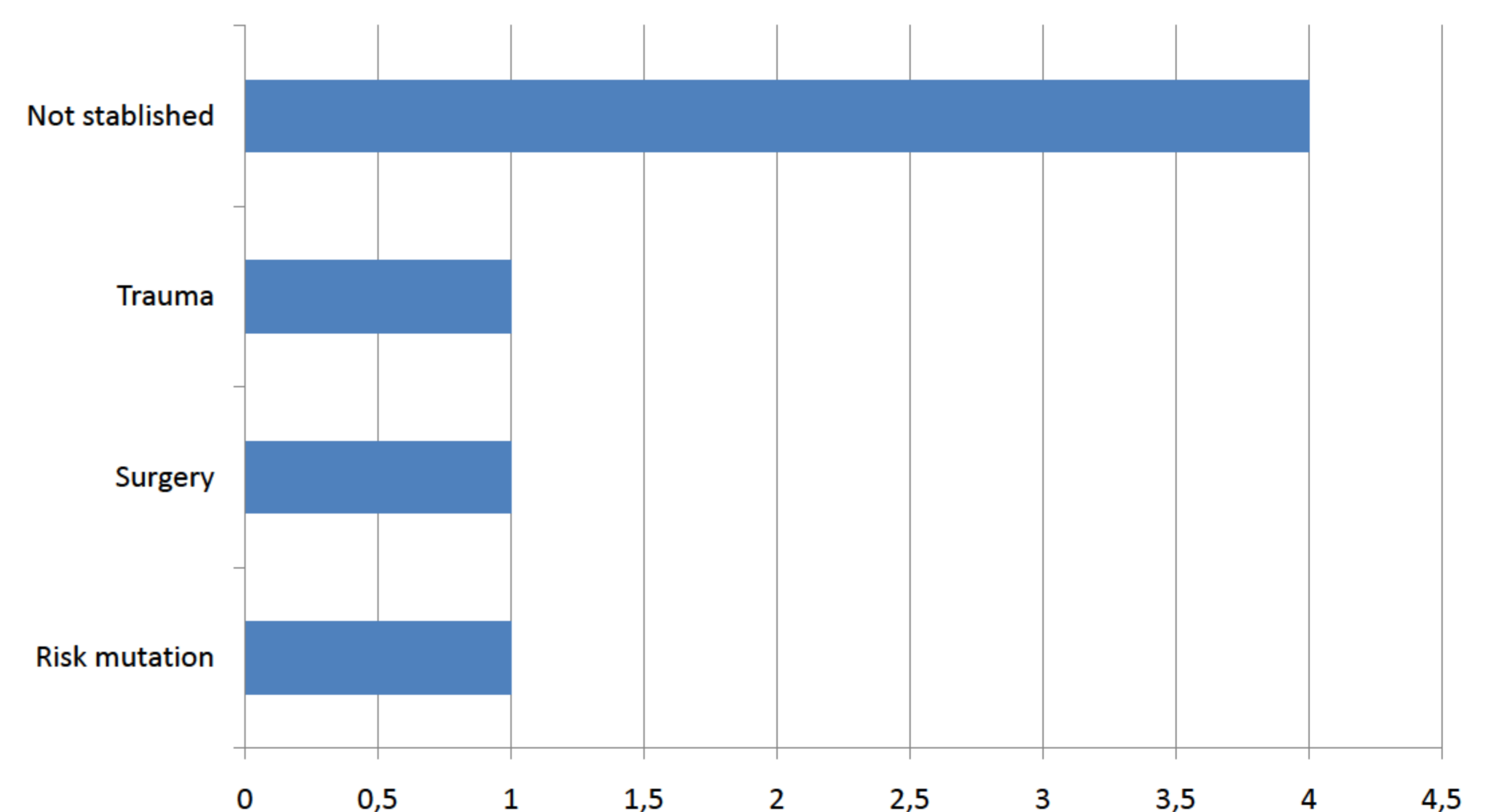
Bleeding episodes: before and after AICC prophylaxis



Inhibitor title at diagnosis



Associate factors with occurrence of inhibitors



Conclusions:

Use of AICC prophylaxis showed a 70% reduction in all bleeding episodes. The cost can be considered a limitation for its use in a country with limited economic resources for health. Questions such as how long prophylaxis should be maintained or when to adjust therapy schedule while attempting eradication of inhibitors, wait to be resolved.

