

PATTERNS OF BLEEDING , COMORBIDITIES AND CLINICAL COURSES IN ACQUIRED HEMOPHILIA A (AHA) AND IN ACQUIRED VON WILLEBRAND DISEASE (AVWD): EXPERIENCE FROM A SINGLE HAEMOPHILIA CENTER OF PAVIA

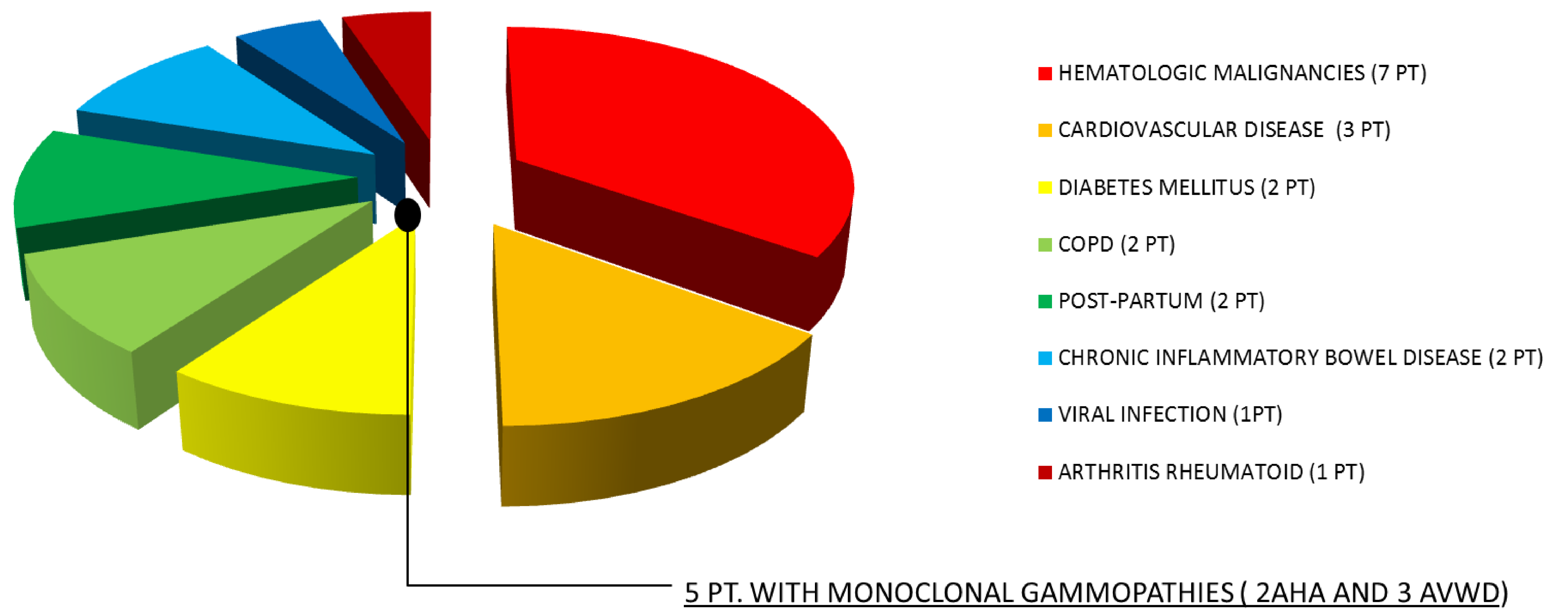
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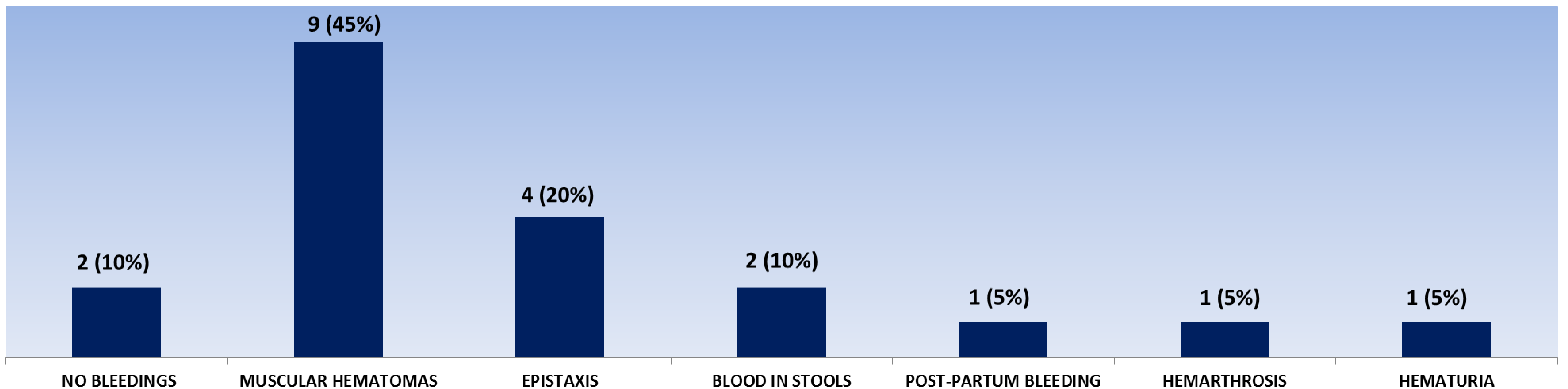
14 PT. WITH AHA
6 PT. WITH AVWD

AGE RANGE: 27-94 (MEDIAN 70 YRS).

COMORBILITY ASSOCIATED



BLEEDING AT THE DIAGNOSIS : THE MEAN DELAY OF DIAGNOSIS FROM BLEEDING WAS 4 MONTHS (RANGE 24H TO 8 MONTHS)



SEVERE BLEEDING REQUIRING HOSPEDALITAZION	N. PATIENTS(%)	HAEMOSTATIC TREATMENT (N OF PATIENTS)
AHA	10 (70%)	aPCC (8) rFVIIa (1) FVIII-PD (1)
AVWD	3 (30%)	FVIII/VWF-PD (3)

OUTCOME

NO PATIENT DIED BECAUSE OF HEMORRHAGES

16 PT (80%) HAD COMPLETED REMISSION:

10 (63%) TREATMENT OF UNDERLYING DISEASE

6 (37%) IMMUNOSUPPRESSIVE THERAPY

CONCLUSIONS

- AHA AND AVWD ARE RARE BUT SEVERE BLEEDING DISORDERS.
- THEY ARE ASSOCIATED WITH SIMILAR UNDERLYING DISEASES AND PATTERNS OF PRESENTATION.
- AVWD SEEMS TO BE MORE FREQUENTLY RELATED TO MONOCLONAL GAMMOPATHIES.
- THE CURE OF UNDERLYING DISEASES IS OFTEN RESOLUTIVE ALSO FOR ACQUIRED COAGULIPATHIES

