

## Conservative management of an acute spinal epidural hemorrhage in a child with hemophilia A with inhibitor

### Introduction and Objectives

Central nervous system hemorrhages are an uncommon but severe complication of hemophilia, occurring in only 2–8% of children with hemophilia. Less than 10% of these CNS hemorrhages are intraspinal. We report a 5-year old child with hemophilia A with inhibitor who presented with irritability, meningismus and decreased spontaneous movement after a minor trauma.

### Case Presentation :

A 5-year male child patient with hemophilia A with inhibitor was admitted to our emergency service suffering from irritability, cervical pain and decreased spontaneous movement. The patient's family expressed that the child fell down on back 2 days ago and the symptoms started in that morning. On physical examination, we noted that he preferred to lie supine and was extremely distressed when placed in seated position. No external signs of a bleed were noted, and there was no joint or bone tenderness. His abdomen was soft but had globe vesicale. Weakness and sensory loss were found in both lower extremities in neurological examination. T2-weighted sagittal magnetic resonance image demonstrated a biconcave, hypo-intense mass lesion (subacute stage hemorrhage) in the epidural space with cord compression at the level of Th9-Th10 (white arrow, A). Whenever we diagnosed intraspinal hematoma, we started immediately aPCC 100 U/kg for two times a day, consulted to neurosurgery department and decided to treat the patient without surgery. 15-days after the treatment, sagittal MR T2-weighted image showed the resolution of the hematoma spontaneously (white arrow, B). Improvement on weakness and sensory loss was observed.

### Conclusion

We suggest that conservative treatment with factor concentrations is a safe and effective treatment choice for patients with hemophilia A with inhibitor and intraspinal hematoma.

