

# THE TREATMENT OF ACQUIRED HAEMOPHILIA A IN ELDERLY: LOST GAME OR WINNING COMBINATION?



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## INTRODUCTION AND AIM

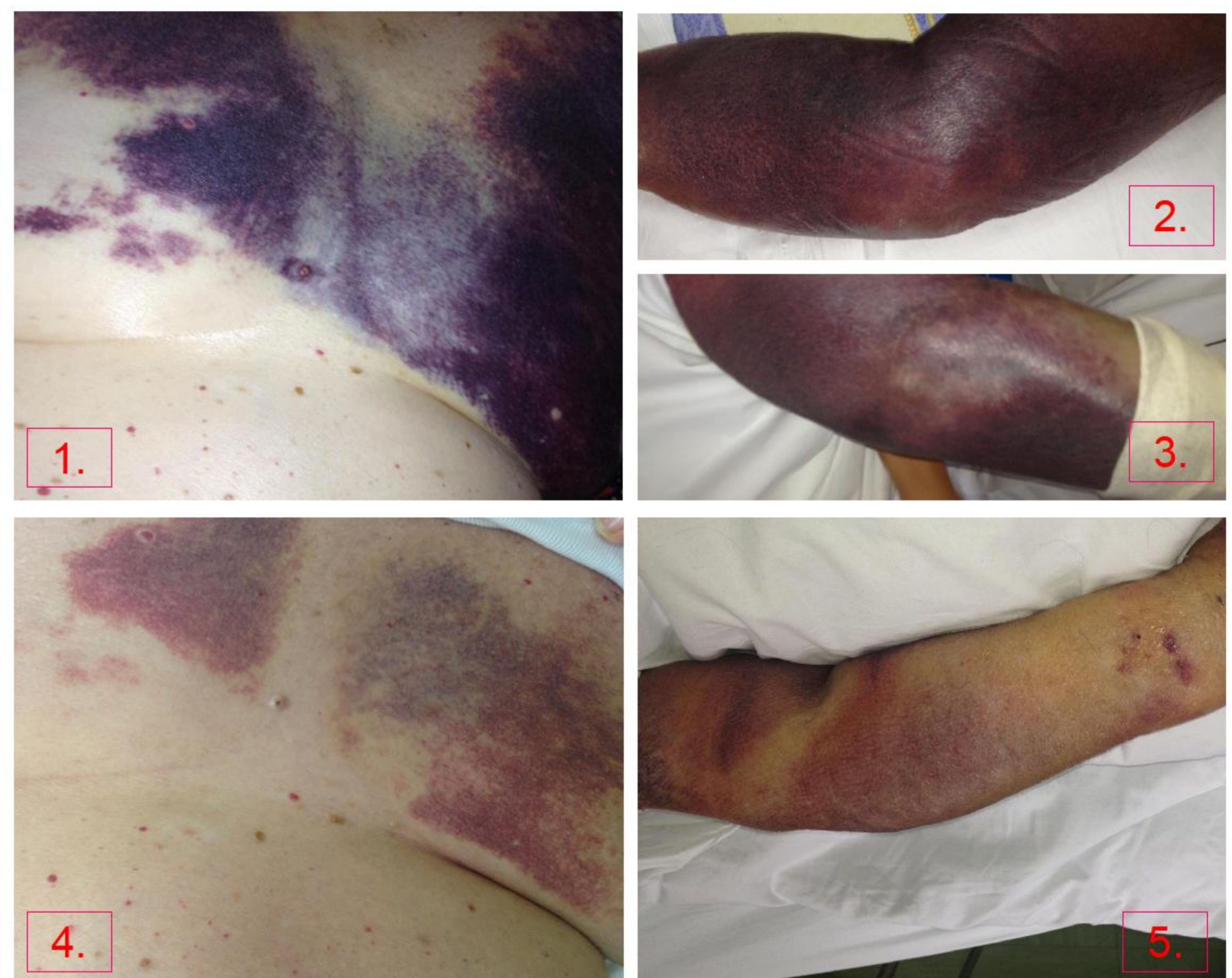
- ❖ Acquired haemophilia A (AHA) is an auto-immune disease caused by an inhibitory antibody to factor VIII.
- ❖ The mortality is high due to bleeding and the toxic effects of immunosuppressive therapy.
- ❖ Currently, there is no standard treatment for AHA, especially in elderly.
- ❖ The aim was to present the successful treatment of two elderly patients with AHA and severe comorbidities.

## CASE 1.

- ❖ Female, 76 years, ECOG 3
- ❖ Comorbidities:
  - ➔ arterial hypertension
  - ➔ severe osteoporosis
  - ➔ severe bronchial asthma
  - ➔ Coombs negative hemolytic anemia
- ❖ Several episodes of active bleeding in soft tissue
  - ➔ successfully stopped with FEIBA (75j/kg/12h)
- ❖ Eradication therapy was started with prednisone 1mg/kg/daily for 3 weeks. Due to the persistence of high level of inhibitor, the treatment was changed to one cycle of 5-day COP.

Laboratory parameters	Pretreatment values	After 12 weeks of treatment
Hb (g/L)	84	130
aPTT (s)	97.2	29.1
FVIII level (%)	0.31	120
FVIII inhibitor titer (BJ)	803	∅

- ❖ After transient neutropenia, treatment was continued with prednisone plus cyclophosphamide until complete eradication of inhibitor and recovery of FVIII level to 120%.



Picture 1,2,3. Initial bleeding in soft tissue of thorax and upper extremities  
Picture 4,5. Withdrawal of skin hemorrhage after the treatment with FEIBA

## CASE 2.

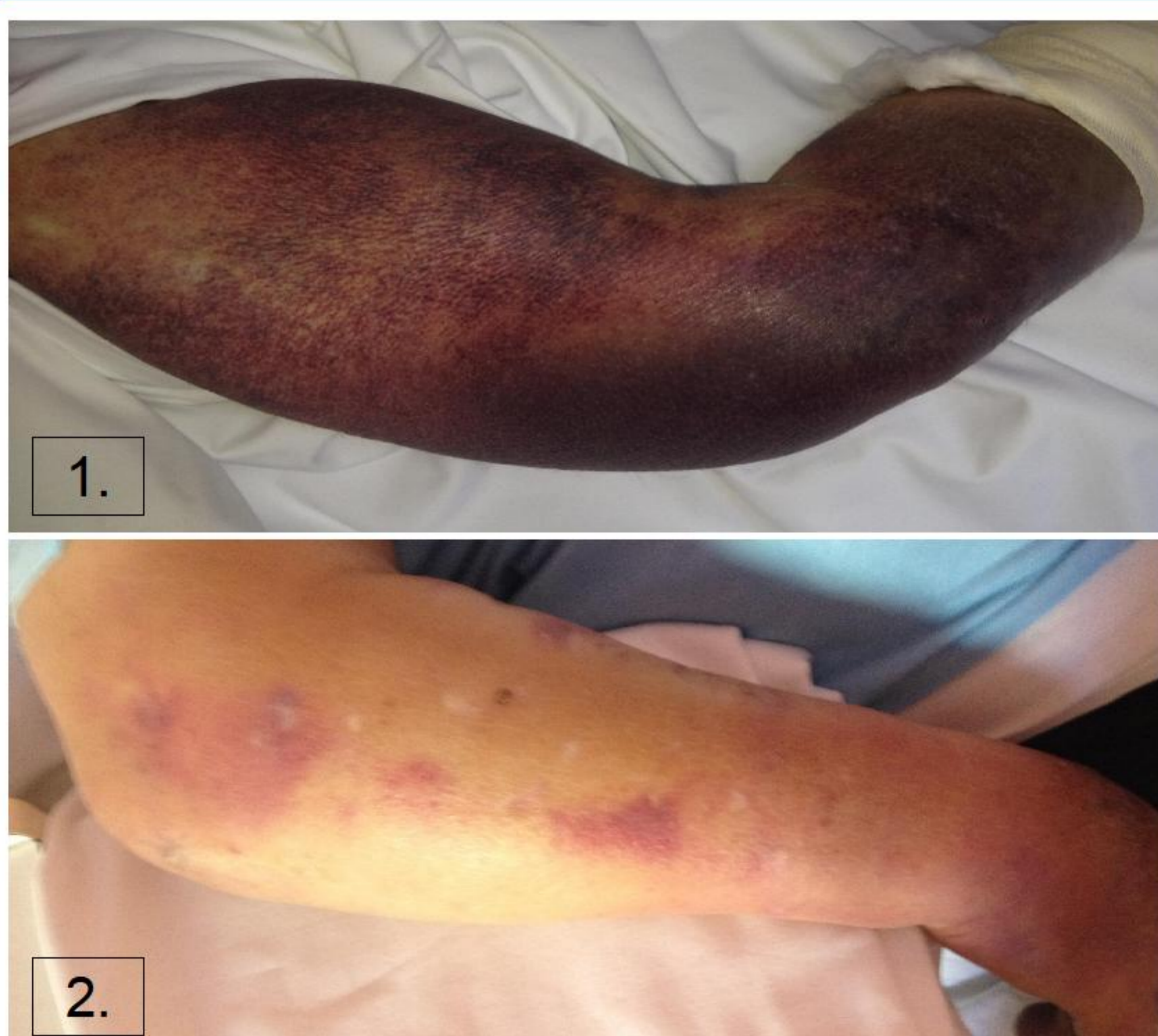


Figure 1. Initial severe skin hemorrhage of upper extremities  
Figure 2. Post-treatment withdrawal of skin hemorrhage

- ❖ Male, 87 years, ECOG 3
- ❖ Comorbidities: thrombosis of aortic aneurysm, arterial hypertension (HTA), arr. absoluta, COPD, cardiomyopathy compesata, diabetes mellitus (DM), previous arterial and venous thrombosis.

Laboratory parameters	Pretreatment values
Hb (g/L)	60
aPTT (s)	65.2
FVIII level (%)	6
FVIII inhibitor titer (BJ)	18

- ❖ Severe skin hemorrhage of the upper extremities ➔ successfully stopped with FEIBA in reduced dose (75j/kg/24h) due to aortic thrombosis.
- ❖ Eradication therapy: prednisone 1mg/kg/daily for 2 weeks (DM,HTA), then cyclophosphamide was added at 2 mg/kg/daily. There were no complications of immunosuppressive therapy.
- ❖ After 3 weeks of treatment, there was complete remission of the bleeding with the recovery of the FVIII level and reduction in the titer of the FVIII inhibitor to 4BJ.

## CONCLUSIONS

- ✓ Treatment goals of AHA are bleeding control and autoantibody eradication.
- ✓ In presented patients, FEIBA was highly effective to control bleeding in patients with AHA, even in a lower dose due to risk of thrombosis.
- ✓ According to our experience in AHA patients with high-titers of FVIII inhibitor addition of cyclophosphamide to prednisone results in high remission rates, even in elderly, but the frequent monitoring of complete blood cell counts is needed.

