

CAUSES OF DEATH IN HAEMOPHILIA PATIENTS IN ARGENTINA



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INTRODUCTION

Survival of patients with haemophilia is still a relevant issue of great interest. Life expectancy of persons with haemophilia has increased. The use of plasma derived products was, until the mid-1980s, associated with the transmission of blood borne viruses such as hepatitis C and HIV.

Viral inactivating procedures were then introduced and recombinant products developed, minimizing this risk. The aim of the current study was to evaluate the causes of death in our population in the past 5 years.

METHODS

A retrospective analysis was conducted among 2.300 patients with haemophilia who were registered in our centre. Information on mortality in our patient cohort was obtained from the files.

RESULTS

62 patients died between 2008 and 2012; 53 (85%) with haemophilia A and 9 with haemophilia B. 41 (66%) had severe haemophilia. Seven patients had inhibitors. Mean age of death (all severities) was 48.5 years old. Mean age of death in mild hemophilia patients was 66. Sixteen (26%) patients died due to intracranial haemorrhage (ICH) and 2 due to other sites of bleeding. Almost all patients with ICH had severe haemophilia and the mean age at death was 43. None of the patients with bleeding events was on prophylaxis.

42 out of 62 patients were HCV positive and 9 died due to complications related to liver disease (liver failure, hepatocarcinoma, variceal bleeding). Seven were coinfecting and 6 died because of AIDS. 4 died due to malignancies, 4 due to ischaemic heart disease, 12 due to other different etiologies and 9 due to undetermined causes.

CONCLUSIONS

The most common cause of death in the haemophilia population over the years has been, not surprisingly, related to haemorrhages. The second cause has been hepatitis. People with haemophilia in Argentina demonstrate higher mortality despite relatively advantageous access to clotting factor concentrates.

References

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