



Acquired hemophilia in the postpartum



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Introduction :

Acquired hemophilia is a rare disease with an incidence of 1 to 1.5 cases / million inhabitants, typically severe in 80% of cases. The postpartum period represents 15% of circumstances .(Delgado 2005). The antibodies -FVIII appears between one and five months after giving birth, most often it occurs after the first pregnancy. The search for a context associated disease is often negative because in about two-thirds of the etiological can find no associated condition.

Observation

women 36 years, primipar, no particular history consult hematology in the postpartum. The start dates in December 2012 following a cesarean section, the patient has :

Day4 : hemoperitoneum great abundance, drain back three liters of blood / 24 hours.

Day 6 : occurrence of haematemesis .

Day7: An exploratory laparotomy was unremarkable .

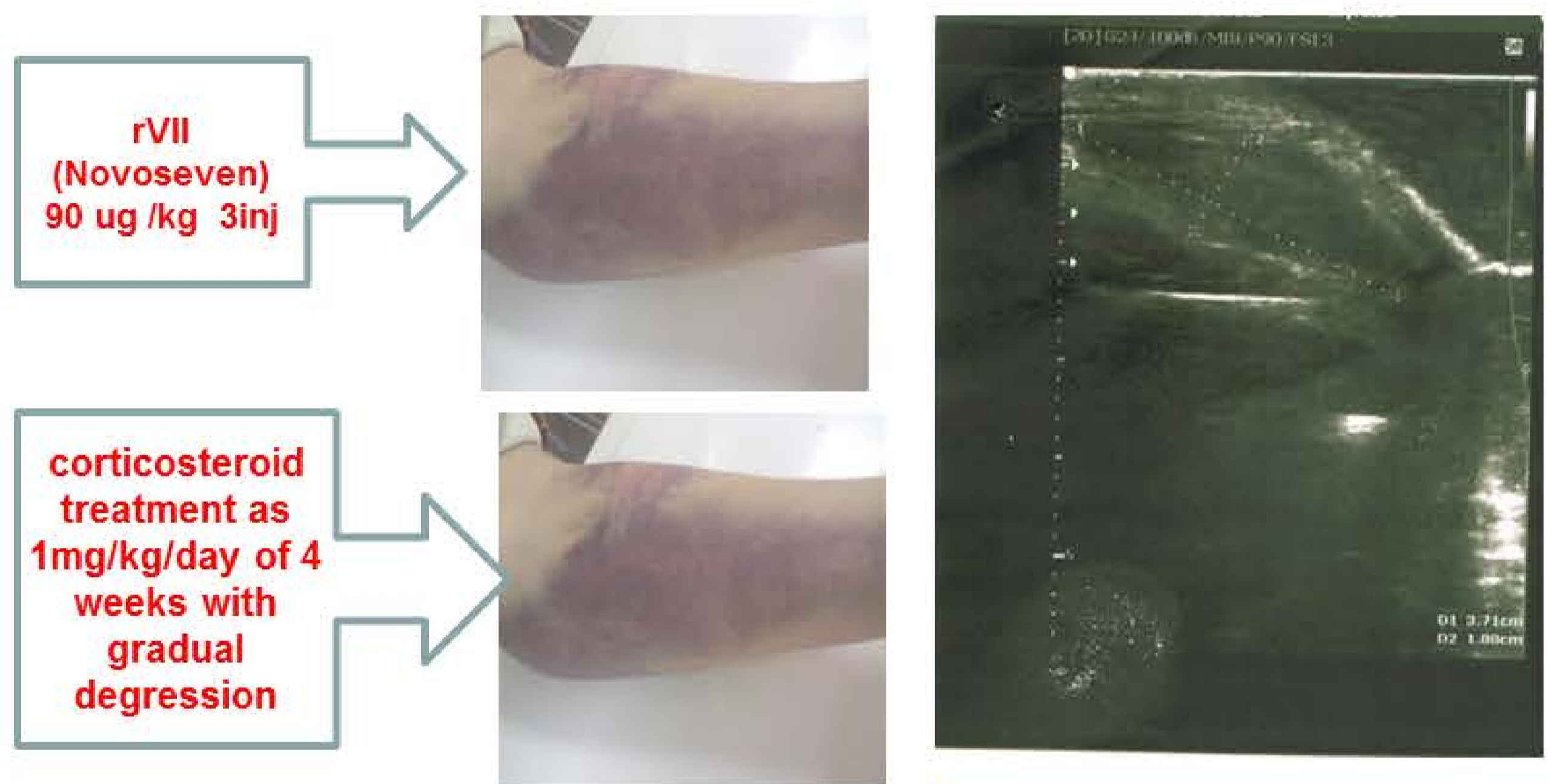
Day 8: abdominal bloating , further surgery to check the local hemostasis. But the drain back more than one liter of blood.

The standard coagulation and research of circulating antibodies confirms the diagnosis of acquired hemophilia .

The coagulation tests found : APTT = 81.5 sec (T : 30sec) , TP : 100 % , FVIII: 1%, FIX : 46%, FXI : . 78 % **The correction test APTT uncorrected : 80.3 second. Rosner index = 61 , residual FVIII = 5%. High level anti-VIII > 32 Bethesda units/ml.**

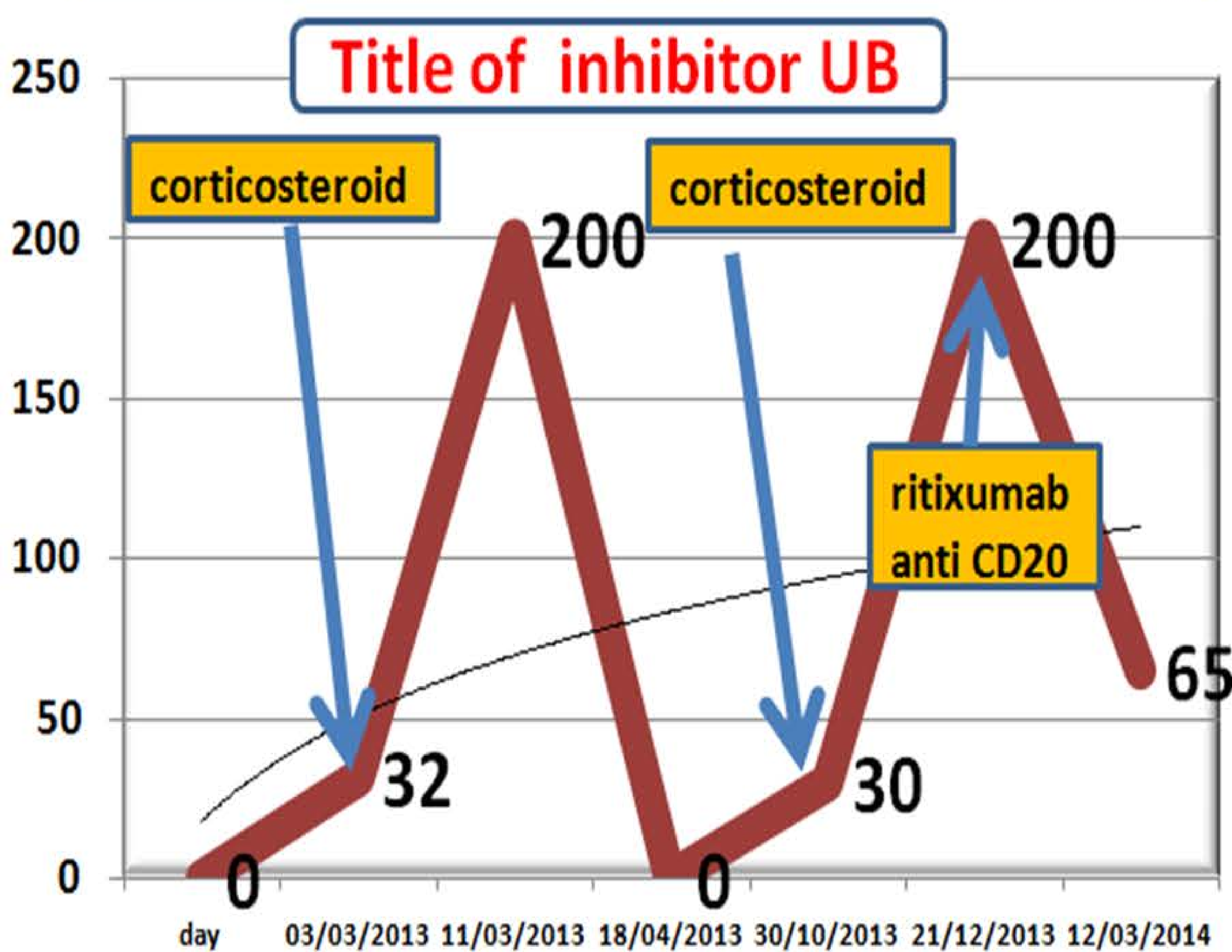
3 months : renal colic with hematuria. And hematoma of the forearm, requiring the infusion rVII (Novoseven) rightly 90ug/kg 3 injection for 02 days , with Corticosteroid treatment as 1mg/kg/day . At the end of 6 weeks treatment screening negative antibody.

10 months: the patient has a large bruise on the back of the right hand post-traumatic , and a hematoma in the right calf requiring infusion rVII (Novoseven) is right 90ug/kg 3 injection for 2 days, with a good improvement . The search of circulating antibodies found 32 UB and a residual factor VIII less than 1%.



Extended bruise with subcutaneous hematoma at the forearm

Ultrasound soft tissue showing a hematoma in the back of the right hand



The therapeutic strategy has two components:

1-Check the hemorrhagic syndrome : different hemorrhagic episodes are controlled by the rVila (Novoseven) with a very good efficiency.

2 - Eradicate inhibitor with either Corticosteroids , Cyclosporine or more recently Rituximab. Our patient was treated with Corticosteroids with total eradication of the antibody, but reappeared six months after. In this situation,we suspected another aetiology than postpartum.

3- Etiological research in the context of autoimmune diseases has found an antibody anti-B2GPI.

4. Given the failure of Corticosteroid, we used Ritixumab a rate of 375 mg/m² weekly, control after four weeks of the end of treatment found a significant improvement with disappearance of hemorrhagic syndrome after minor trauma, and decreased rate antibody remaining at 65 UB. To follow ...

CONCLUSIONS

Acquired hemophilia in the postpartum, despite its rarity should be suspected in any bleeding issue. In our condition of work a multidisciplinary collaboration is vital for these patients.

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