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INTRODUCTION

- Hemophilia A is an X-linked inherited bleeding disorder. Prophylactic treatment of children with hemophilia increased the quality of life.
- However, about 25% of the children with severe hemophilia A develop inhibitors against factor VIII (FVIII).
- Inhibitor development is a complex and multifactorial process influenced by a number of factors.
- We report our PUP patients who admitted to our centre in last 3 years.

MATERIAL-METHOD

- An analysis of PUP patients between 2013-2015 was carried out.
- Demographic characteristics, first factor exposure day (ED), prophylaxis age, exposure day were recorded.
- All patients were screened for inhibitor development after 3-4 ED in the 20 ED and 10-15 ED in the 20-50 ED.

- Inhibitors presents certain challenges in people with hemophilia.
- In our PUP patients who were treated prophylaxis had inhibitor 23%. Inhibitor was developed in 20 ED. Although limited number of patients, our study is important for creating treatment guidelines at the emerging countries.

SINGLE CENTRE EXPERIENCE IN PREVIOULY UNTREATED PATIENTS WITH HEMOPHILIA

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- (range:0.5-19).

- have any factor exposure.
- Three patients developed inhibitor.

CONCLUSION

RESULTS

Totally, 15 PUP patients were admitted to our centre and median age at diagnosis was 9 months

All of them were severe Hemophilia A and 10 had family history. One patient was excluded because of irregular follow-up.

In 13 patients median factor exposure age was 10 months (range:0,1-14), 1 patient haven't still

Thirteen patients were began primary prophylaxis and median age was 12 months (range:1-20). The reasons for prophylaxis were hemarthosis for 4 patients and 1 had deep muscle hemorrhagia. The patient who received prophylaxis at 1 month had intracranial hemorrhagia.

One patient who was treated with plasma derived FVIII had low titer inhibitor (4 BU) after 8th ED and had no family history of hemophilia. This patient continued FVIII prophylaxis at the dose of 50U/kg three times a week and around 1 year his inhibitor was negative, recovery/half life of FVII was adequate. The other two who received recombinant FVIII had developed high titre after 19 ED and 9 ED and had family history of hemophilia and also one had family history of inhibitör. Nine of 11 patients continued 50 ED and 1 continued 40 ED.







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