



MANAGING INFECTIOUS COMPLICATIONS OF HAEMOPHILIA: THE EXPERIENCE OF CONSTANTINE- ALGERIA

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INTRODUCTION:

- Hemophilia is an X-linked congenital bleeding disorder caused by a deficiency of coagulation factor VIII (FVIII) in hemophilia A, or factor IX (FIX) in hemophilia B.
- The emergence and transmission of HIV, HBV and HCV trough clotting factor products resulted in high mortality of people with hemophilia in the 1980s and early 1990s.
- In Algeria there are 1943 people with hemophilia, the hemophilia and bleeding disorder center of Constantine was created in January 2009, the number of patients with hemophilia followed in our center until February 2015 is **207**.

→Aims:

- Know the serological profile of hemophiliacs followed at our center.
- Vaccination against hepatitis B.
- Ensure adequate and early management of hepatitis C..

MATERIALS AND METHODS:

- A retrospective study of **207** hemophiliacs followed at our center over a period of **6** years from January 2009 to January 2015.
- A vaccination program against hepatitis B.
- The therapeutic management of hepatitis C.

RESULTS:

→HEPATITIS B:

- At the beginning of our study, we have examined the liver serology for all our patients; 2 patients present HBV infection (1 patient Co-infection HBV-HCV).
- Some of our patients report the concept of prior vaccination, then we have audited the anti HBV AC wholes in patients; the results were in favor of 39 hemophiliacs adult patient immunized against hepatitis B; they have benefited from vaccination

→Hepatitis C:

- 27 patients present HCV infection (3 hemophiliacs B and 24 hemophiliacs A)
- 1 case of seroconversion in 2014.
- 7patients diagnosed before 2009, and 18 patients are diagnosed between 2009 and 2012; they are distributed as follows:
 - *9 patients with negative virale load at diagnosis.
 - *8 patients are followed and treated :

*Hcv genotyping :

Genotype	1b	2b	1a
Number of patients	3	1	4

- The repartition of the results according to the fibrotest:

fibrotest	FOA0	F1F0	F1A1	F3A3
Number of patients	4	2	1	1

*The therapeutique management:

- All the patients have received HCV antiviral therapy: Pegasys/Ribavirin; (Pegasys: 180µg/ week , Ribavirin: 800µg for the genotype 2 and 1200µg for the genotype 1)
- The duration of treatment is 24weeks for the genotype 2 and 48 weeks for the genotype 1.
- * **Evolution:** 5 patients have completed the treatment , for 4 patients the evolution is favorable(negative viral load) , 1patient has a relapse after 6 months of treatment discontinuation , and 1 patient is resistant to treatment they receive tritherapy (Pegasys/Ribavirin/Boceprivir.

→HIV-HCV Co-infection:

- 1 patient died in April 2010 at the age of 43 years old by lymphoma

CONCLUSION:

- The rigorous monitoring and the regular screening of patients with heamophilia allow a better management of infectious complications.
- The goals of early treatment of hepatitis are to reduce inflammation, fibrosis and prevent progression to cirrhosis and its complications.

