A CASE REPORT OF ACQUIRED HAEMOPHILIA WITH MASSIVE SKIN AND MUSCLE BLEEDING

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Introduction: Development of autoantibodies directed against plasma coagulation factors may lead to a life-threatening hemorrhage. Generally the autoantibodies are directed against factor VIII. Hence, the condition is called acquired haemophilia A.
Materials and methods: A case of a 66-year-old male presenting with a large hematoma to his left leg and right chest is discussed.
Results: On the day of admission the blood tests revealed hemoglobin level of 76g/L, WBC 12x10(9)/L, and platelet count 693x10(9)/L. Screening hemostasis tests revealed: prothrombin and thrombin time in normal range, but significantly prolonged APTT to 59sec (normal range 26-34). The d-dimers were 3393 microg/L. Factor VIII level was 0.7% and the Bethesda assay confirmed inhibitor titer of 10.2 BU. The bleeding was treated with a by-passing agent rFVIIa. Immunosuppressive treatment was started with Cyclophosphamide 100mg and Prednisone 100mg daily. During the hospital stay the patient deteriorated clinically and developed a hemorrhagic shock. This gradually improved resulting in him being discharged after 25 days of hospital stay.
Conclusions: This case report illustrates a case with acquired hemophilia A with delayed diagnosis and development of a life-threatening condition where the treatment was delayed and the outcome uncertain. Acquired haemophilia should be considered whenever there's a patient with an unexpected massive bleeding, no previous history of a bleeding disorder and prolonged APTT.