Treatment of bleeding in a patient with immune coagulopathy (acquired haemophilia A)

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Objective. We are representing the case of acquired haemophilia A and analyze the timeliness and adequacy of treatment.

Materials and methods. The subject of the study was immune coagulopathy with a factor VIII (FVIII) inhibitor – acquired haemophilia A.

Results and discussion. Female, 33 years old, pregnancy II, urgent delivery. There was excessive bleeding in the early postpartum period, hemostatic therapy was provided. She hospitalized three times with recurrences of uterine bleeding. Vacuum aspiration of the walls of the uterine cavity was performed twice. After the third recurrence, blood loss of 1200 ml and ineffectiveness of conservative treatment, laparotomy and extirpation of the uterus was performed. Despite intensive care, the bleeding continued, the patient was transferred to the regional clinical hospital, where she was diagnosed with DIC syndrome, stage III, severe anemia. Three relaparotomies were performed, the source of bleeding was not found, there was excessive bleeding from the operating field. The total blood loss was 24,447 ml. Intensive infusion-transfusion therapy was continued, which gave unstable hemostasis. The patient received 12,060 ml of fresh-frozen plasma (FFP), 15,130 ml of erythrocytes, 600 ml of albumin 10 %, 20 doses of cryoprecipitate (CP), 16,000 U of activated prothrombin complex (APCC), 8 mg of recombinant activated factor VII (rVIIa), 19,000 U of APCC, 6000 U of PC, 61 dose of rFVIII, 50,000 U of prothrombin complex (PC), 8.000 U of factor VII (rVIIa), 8,000 U of prothrombin complex (PC), 16.1 BU/ml of inhibitor FVIII, FVIII <1.0 %, activated partial thromboplastin time (APTT) – 146.1 s was detected on day 37. Within 30 days, blood loss was 10,608 ml; patient received 23,420 ml of FFP, 2080 ml of rFVIII, 17 mg of rVIIa, 19,000 U of APCC, 6000 U of PC, 61 dose of rFVIII, 50,000 IU of FVIII. Immunosuppressive therapy (prednisolone 1-1.5 mg/kg/day) was started on day 67 and lasted for 12 months. Bleeding stopped completely 10 months after delivery, and after 14 months the inhibitor was not detected, factor levels and APTT returned to normal. Scheduled reconstructive surgery on the urinary tract was performed without the use of transfusion replacement therapy.
Conclusions. Recurrent postpartum hemorrhage requires early diagnosis of coagulation factors inhibitors, which will ensure specific transfusion and immunosuppressive therapy, avoidance of serious consequences, including extirpation of the uterus and reduce the economic costs of treatment.

Key words: immune coagulopathy, acquired haemophilia, inhibitor, factor VIII, APTT.