

P9. MUSCULOCUTANEOUS BLEEDING AND TISSULAR NECROSIS IN AN ELDERLY PATIENT WITH ACQUIRED HEMOPHILIA. A CASE REPORT.

Burcă C.¹, Miculschi G.², Gheorghe-Labău O.¹

1. Municipal Clinical Hospital, Department of Hematology Oradea

2. Municipal Clinical Hospital, Department of Pediatrics II, Onco-Hematology Comp. Oradea

BACKGROUND

Acquired hemophilia A is a rare bleeding disorder caused by the appearance of autoantibodies against coagulation factor VIII. A condition that occurs more frequently in the elderly and is associated with malignancy, autoimmune diseases or pregnancy. In 50% of cases remain idiopathic.

AIM

We want to present the case of a female patient 83 years old diagnosed in 2011 with severe acquired hemophilia A (FVIII activity <1%, the inhibitors titer 166 U Bethesda) and who developed a giant hematoma in the left forearm with musculocutaneous necrosis with favorable evolution under treatment with bypass agents.

MATERIAL AND METHOD

An elderly patient, diagnosed for about 2 years with severe acquired idiopathic hemophilia A with recurrent skin and mucosal bleeding. The patient followed immunosuppressive therapy but failing to eradicate the inhibitors. In Oct. 2013 she is hospitalized in the Oradea Hematology Clinic with bleeding and important swelling of the left forearm with skin infection which evolved with necrosis of the muscle, skin and the soft tissue of the anterior-medial face of the forearm. Treatment consisted of intensive local dermatologic and antibiotic therapy and rFVIIa (Novoseven). Evolution was favorable with detachment of the necrotic tissue and re-epithelization, without significant bleeding.

RESULTS

Favorable development of a serious bleeding episode complicated by infection and musculocutaneous necrosis in an elderly patient with Hemophilia A severe acquired.

CONCLUSIONS AND DISCUSSIONS

Acquired hemophilia A is a coagulopathy with a high degree of complications and mortality that requires prompt diagnosis and treatment. The principles of treatment are bleeding control and inhibitor eradication therapy. The treatment for elderly patients may pose many problems because of their comorbidities and the adverse effects of treatment. For this patient, for whom the eradication therapy failed is very important to control the bleeding using hemostatic and anti-hemophilic by-pass agents.