THE DIFFERENTIAL DIAGNOSIS DIFFICULTY WITH INHERITED FACTOR VII DEFICIENCY.

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Inherited factor VII deficiency is a rare coagulation disorder and its prevalence is estimated to be less than 1 case in 500,000 people in the general population. Immune mediated acquired factor VII deficiency, is also uncommon and has been associated with drugs such as cephalosporins, penicillins and oral anticoagulants; it has also been reported to occur spontaneously and alongside certain conditions, such as myeloma and aplastic anemia.

We present a case of an inherited factor VII deficiency with a difficult diagnostic process.

50-year-old Caucasian female with a history of benign uterine leiomyoma presented with menorrhagia and was found to be anemic with hemoglobin of 5.9 g/dl, PT 82 seconds and INR 7 despite not taking any anticoagulants and having never suffered any peri or postoperative bleeding despite multiple surgical interventions. Toxicological analysis was performed and revealed no evidence of warfarin or coumarin-type drugs. The INR was reversed to 1 with fresh frozen plasma both in vitro and in vivo. We therefore considered that this was an inherited mechanism rather than autoimmune. The measured factor VII level was 1 %.

Inherited factor VII deficiency is a rare coagulation disorder but should be considered with patients presenting with acute coagulation disorders even with no previously reported history of a bleeding disorder.