A combination of prednisone, high-dose intravenous immunoglobulin and desmopressin in the successful treatment of acquired hemophilia A with high-titer inhibitor

Sir,

The spontaneous appearance of inhibitory antibodies to factor VIII is a rare and severe condition which is extremely difficult to treat.1,2 There are various therapeutic options available (human or porcine FVIII, activated recombinant human factor VII,3 desmopressin, high-dose intravenous immunoglobulin, prothrombin complex concentrates, plasmapheresis and immunosuppressive agents such as corticosteroids and cytotoxic drugs) depending on the severity of the hemorrhage and levels of inhibition.4

We report the case of an elderly woman with high-titer idiopathic factor VIII inhibitor who was successfully treated with the association of prednisone, high-dose intravenous immunoglobulin (IVIg) and subcutaneous desmopressin.

A 75-year old woman was admitted to our city hospital in November 1998 because of rectal bleeding and extensive hematomas on the left thigh and right upper arm. There was no family or personal history of congenital bleeding diatheses. The patient had undergone a hysterectomy with no hemorrhagic complications two years previously. On admittance to our hospital, laboratory tests revealed anemia (hemoglobin 9 g/dL), prolonged aPTT at 64 sec, which was not corrected by normal plasma, decreased factor VIII activity (6 IU/dL) and the presence of a high-titer factor VIII inhibitor (30 BU/mL). Platelet count, fibrinogen levels and PT were normal. A search for underlying disorders most frequently associated with the formation of inhibitors (e.g. autoimmune diseases, malignancies, dermatologic disorders, reaction to drugs) was negative. A rectosigmoidoscopy revealed the presence of 3 bleeding rectal polyps.

Given the patient’s age and the severe but not life-threatening clinical presentation, we started therapy with intravenous tranexamic acid 1 g thrice daily until the patient was discharged, oral prednisone 1 mg/kg/day for 5 days. Two days after the end of IVIg, the patient was reassessed: rectal bleeding had stopped and the hematomas were fading. Laboratory test results had also improved: aPTT and factor VIII inhibitor titer had fallen respectively to 38 sec and to 6 BU/mL while factor VIII activity had increased to 40 IU/dL and the presence of a high-titer factor VIII inhibitor (30 BU/mL). Platelet count, fibrinogen levels and PT were normal. A search for underlying disorders most frequently associated with the formation of inhibitors (e.g. autoimmune diseases, malignancies, dermatologic disorders, reaction to drugs) was negative. A rectosigmoidoscopy revealed the presence of 3 bleeding rectal polyps.

Two days after the end of IVIg, the patient was reassessed: rectal bleeding had stopped and the hematomas were fading. Laboratory test results had also improved: aPTT and factor VIII inhibitor titer had fallen respectively to 38 sec and to 6 BU/mL while factor VIII activity had increased to 40 IU/dL. Three days later the patient underwent endoscopic resection of the rectal polyps: subcutaneous desmopressin (0.3 μg/kg for 5 days starting 60 minutes before the operation) was added to the ongoing therapy (oral prednisone and tranexamic acid). Blood tests 60 minutes after desmopressin injection showed the normalization of aPTT and factor VIII activity. The patient was discharged 15 days later: the hematomas had disappeared and hemostatic parameters remained within normal ranges. No factor VIII inhibitor was detected in the patient’s serum. She continued with her steroid therapy which was tapered off over the next two months in order to reduce the risk of side effects, which are particularly common in the elderly. A recent check-up (February 1999) confirmed the absence of factor VIII inhibitor.

Since acquired hemophilia A often occurs in elderly subjects, aggressive treatment such as plasmapheresis may be ill-advised.1,5 Our case report shows how a combination therapy of steroid, high-dose immunoglobulin and desmopressin is both an effective and well tolerated treatment for bleeding in an elderly patient with high-titer idiopathic factor VIII inhibitor.

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Key words
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References

Double carriers of the factor V Leiden and prothrombin (FIIG20210A) mutations: a description of four cases

Sir,

The factor V Leiden (FVL or FV R506Q) mutation and the G-A transition at nucleotide 20210 of the prothrombin gene (FII G20210A) have been associated with venous thromboembolism (VTE). Although they...