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Remission of Acquired Factor-VIII-Inhibitor-Induced Bleeding

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To the Editor,

Acquired factor VIII inhibitors and bleeding have been described in patients with collagen disorders, ulcerative colitis, after normal delivery, monoclonal gammo-pathy, drug-induced disorders and in apparently normal people without a detectable cause [1].

A patient with acquired factor VIII inhibitor presenting with haemophilia-like bleeding in joints and soft tissue in whom complete remission was obtained after treatment with factor VIII inhibitor bypassing activity (Feiba), prednisolone and cyclo-phosphamide is decribed. Her factor VIII level remained normal and factor VIII inhibitor undetectable.

Case Report

A 68-year-old female was admitted to hospital in January 1978 with severe bleeding in her arms, knee joints and legs; there was a history of recurrent bruises for the last 2 years. Family history of bleeding disorders was negative. Haemoglobin: 9 g/dl; platelets: 295 X IOVlitre; bleeding time prothrombin time, fibrinogen and liver function test were normal. Partial thromboplastin time: 96 sec; two-stage factor VIII assay: 2.7%; factor-VIII-related antigen: 192% (Laurell technique) and factor VIII inhibitor: 8.5U/ml. She was treated with blood transfusion, human plasma fraction Feiba, prednisolone and cyclophosphamide. Her bleeding stopped rapidly and her factor VIII rose to 56% and factor VIII inhibitor fell gradually to undetectable levels. There was no evidence of disseminated intravascular coagulation and her platelet counts remained normal during and after Feiba infusion. Cyclophosphamide and prednisolone were eventually stopped in June 1979 without further bleeding, factor VIII was 118% and factor VIII inhibitor remained undetectable.

Discussion

It is extremely difficult to achieve hae-mostasis in patients with factor VIII inhibitor, especially with high titres. Large doses of factor VIII infusion, plasmapheresis have been used in these cases. Preston et al. [3] have found Feiba to be effective in controlling external bleeding in patients with factor VIII inhibitor but others found no real benefit. Steroids with or without immunosup-pressives have been used with some effect in patients suffering from collagen disorders associated with inhibitors. In patients with low-titre inhibitors, Nilsson et al. [2] were able to suppress factor VIII inhibitor with cyclophosphamide. In this patient, rapid

180

haemostasis was achieved after infusion of Feiba and eventual disappearance of factor VIII inhibitor and rise of factor VIII level were probably due to combined steroid and cyclophosphamide therapy although spontaneous remission of her condition was a possibility.

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