Renal Balance in Haemophilia A Comparative Study between Routine and Prophylactic Treatments with Factor VIII

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The treatment of haemophilia presently consists of a therapy with massive replacement of factor VIII, more or less contaminated with other proteins. This treatment increases the life duration of haemophilic patients but entails a risk of chronic pathology development. With this in mind, we studied the possible complications of anti-haemophilic therapy in 40 patients with haemophilia A. 22 of these patients are on a prophylactic treatment with factor VIII and 18 are on routine nephrologic supervision.

Each patient's clinical history is recorded, and a general examination, TA control and a haemogram are systematically carried out in all of them (Coulter Counter S). Glucose, blood urea nitrogen (BUN), creatinine, sodium, potassium, chloride, calcium, phosphate, total proteins are evaluated on the Autoanalyzer (SMAC-12, Technicon). The

Table I. Results

following urinary parameters are measured as well: density, pH, proteinuria, glucosuria, sedimentation and creatinine clearance. The results are reported in table I.

There was no statistically significant difference between any of the cases in the two groups ($p > 0.01$). The total renal balance of our patients reflects minimum renal involvement, contrary to cases reported in the literature. Only 2 of our cases presented with altered renal function, i.e. evident decrease in creatinine clearance. In 5 cases, only a single parameter of little clinical significance was altered. The other patients, i.e. 82.5%, had a totally normal renal function.

TA

max.	min.	BUN	Creat.	Na	K	Cl	Ca	Phosp.
Total	11.8	7.2	13.85	0.84	138.60	4.33	101.87	9.89 4.88