Complications of Massive Administration with Factor VIII in Haemophilia A, Immune Complex Dosage

J.A.		Aznar
J.M.		Sánchez-Cuenca
G.		Martín
F.		Amoros
M.L.		Marty

Ciudad Sanitaria 'La Fe', Valencia, Spain

J. A. Aznar, Ciudad Sanitaria 'La Fe', Av. Altez Provisional, Valencia (Spain)

Since the introduction of prophylactic treatment with factor VIII as a therapeutic variety of haemophilia A, and despite advances in factor VIII purification, long-term protein administration presents many questions, among them those of the immunological type.

We studied the titers of immune complexes in 46 patients affected with haemophilia A. 23 with prophylactic treatment and 23 with routine treatment. The following tests were made: complement fixation test (CFT) – according to the technique of Dr. Sánchez-Cuenca based on the inhibition of immunoadherence-hemo-agglutination (I-IAHA) – Polyethylene glycol test (PEG: Digeon-Bach method); serum complementary activity determination (immunoadherence test according to Lachmann), and radial immunodiffusion (C3 and C4).

Results

(positive cases/total = % positive cases). CFT 9/49 ≈ 18.36%; I-IAHA = 12/49 = 24.48%; PEG = 27/48 = 56.25%; CIA = 14/49 = 28.57%; C3 = 4/48 = 8.33%; C4 = 15/48 = 31.25%.

Discussion. There were no significant differences between the immune complex ranges of patients given prophylactic treatment and those treated routinely.

The preliminary results of correlation between the levels of the immune complexes in different clinic situations are reported; i.e. renal alteration, hepatic balance and, especially in patients carrying Australia antigen and in patients with persistently high transaminase level, its relationship to joint balance (particularly in patients prone to chronic synovitis).