Haemostatic Deterioration after Therapy with Plasma and Plasma Derivatives

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Paradoxial bleeding means complications caused by transfusion therapy of haemophiliacs with plasma or plasma concentrates. The disturbance of primary haemostasis is seen particularly when factor VIII and pro-thrombin concentrates are given in high doses over a long period of time.

One-third of the haemophiliac patients who received substitution therapy showed clinical complications like delayed healing process and spontaneous bleeding into the skin and mucous membranes, one-third showed pathological changes and spontaneous bleeding into the skin and mucous membranes, one-third showed pathological changes of the primary haemostasis (prolonged bleeding time, reduced retention, retraction, ADP-collagen-aggregation, platelet factor 3 release). The following mechanisms or substances are thought to be the cause of secondary disturbance of platelet function:

fibrinogen and factor VIII split products;

high protein content, particularly fibrinogen and factor VIII-associated antigen; (3) antigen-antibody reactions; (4) formation of inhibitor against Willebrand factor.

Paradoxial bleeding was treated successfully with freshly prepared cryoprecipitate, prednisone and etamsylatum. The complications may last as long as 2–3 weeks after replacement therapy has been discontinued.