

FACTOR VIII AND FACTOR VIII RELATED ANTIGEN IN NORMAL PREGNANCY. G. O. S. de Melo, Faculdade de Ciências Médicas de Pernambuco, Recife, Brazil.

Factor VIII and factor VIII related antigen were found to change proportionately during normal pregnancy. There was a clear tendency for levels of activity and antigen to increase as the duration of the pregnancy advanced. In the pregnant women studied a significant difference was observed in factor VIII levels between Blood Group A and Blood Group O. A similar difference was found in factor VIII related antigen levels. Age, weight and previous use of contraceptives seems to have no influence on factor VIII and factor VIII related antigen values in pregnancy.

Published online: 2019-04-16

ANTIBODY-INDUCED VON WILLEBRAND'S DISEASE. DISSOCIATION OF FACTOR VIII MOLECULAR COMPLEX ACTIVITIES BY THE AUTOANTIBODY. C. Gazengel, A.M. Prieur, C. Jacques, R. Girot and F. Josso, Department of Hematology, C.H.U. Necker-Enfants Malades, Paris, France.

Acquired Von Willebrand's disease is reported in a 16 year old girl with systemic lupus erythematosus. Routine coagulation studies showed a normal platelet count, prolonged bleeding time and abnormal glass bead retention. Factor VIII molecular complex respective activities were 8% for VIII:AHF and undetectable for VIII:VWF (Ristocetin aggregation of washed platelets) and VIII:AGN (electro-immunodiffusion).

In vitro, the patient's plasma exhibited an inhibitory activity against exogenous VIII:AGN and VIII:VWF but did not neutralize VIII:AHF activity of control plasma, even after a 2 hour incubation at 37°C. This inhibitory activity was supported by the purified plasma IgG fraction. In vivo, following cryoprecipitate administration (20U. VIII:AHF/kg), only 50% of the infused VIII:AHF activity was recovered after 15 mn and the original level was reached 4 hours later. It was only observed a transient peak of VIII:VWF activity and VIII:AGN level did not increase at all after the infusion.

After the start of immuno depressive therapy the three factor VIII related activities returned to normal level in the following order : VIII:AHF and VIII:VWF (9-12 days) ; VIII:AGN (3 weeks).

These findings could be explained by the formation of a short-living circulating immune complex between the antibody and the factor VIII molecular complex. In such an hypothesis the auto-antibody would respect the site of VIII:AHF activity and would mask the site reacting with anti VIII:AGN hetero antibodies.

HEMOPHILIC ARTHROPATHY IN THE HOME CARE SETTING. P.H. Levine, B.A. McVerry, F.D. O'Connell and S. Zimble. The Memorial Hospital and University of Massachusetts Medical School, Worcester, and Tufts University School of Medicine, Boston, Massachusetts, U.S.A.

Thirty-four severe and moderately severe hemophiliacs on a formal comprehensive self-therapy program were prospectively evaluated as to the presence of hemophilic arthropathy, and as to progression or regression of arthropathy over a two-year period. Significant baseline deficits were noted in: flexion and extension of the knee (43 and 25 percent of joints, respectively), dorsiflexion and plantar flexion of the ankle (62 and 81 percent), and flexion and extension of the elbow (74 and 47 percent). Abnormalities of the hips and shoulders were unexpectedly common. In spite of the early and intensive use of plasma products and conservative supportive measures, there was considerable progression of arthropathy during the study period, especially in the older patients, and in patients with significant baseline arthropathy. These data indicate the need for continued aggressive management of arthropathy in patients on home care programs.