FURTHER EXPERIENCE ON THE EFFECT OF HIGH PRE-DONATION FACTOR VIII LEVELS IN BLOOD DONORS ON THE FACTOR VIII CONTENT OF SMALL-POOL FRACTIONS. H. Beeser and H. Egli, Institute for Experimental Haematology and Blood Transfusion, University of Bonn, Fed. Rep. Germany

Because of the well known wide normal range of the factor VIII activity between 60 to 170% in man, selecting of donors with high activity levels would be of advantage for the preparation of concentrates. This is especially true for preparing small-pool fractions, as for technical reasons the final product cannot be controlled for its factor VIII content. In preliminary investigations, we reported on elsewhere, high factor VIII activity in donors estimated before a donation had been rarely reproducible before a second donation after 8-12 weeks. So as a preliminary result of finding a donor's factor VIII level varying from donation to donation selecting of plasmas with high factor VIII content for concentrate preparation could only be established by re-estimating the activity before each donation. Proceeding in this way would be much too troublesome. To get more reliable information whether a healthy subject's high factor VIII plasma level is distinctly varying or rather constant we assayed the plasma of 200 donors with factor VIII activity >120% two times more before donation. The results confirmed our preliminary findings, especially the fact that a high plasma factor VIII activity in experienced donors was rarely reproducible when re-estimated before a second and third donation. As a consequence selecting of donors with high factor VIII procoagulant activity for preparing small-pool factor VIII concentrates is impracticable.

SUPPLEMENTARY ABSTRACTS

NERVE LESIONS IN HAEMOPHILIA. F. Fernandez-Palazzi and N.B. Bosch, Orthopaedic Unit, Municipal Blood Bank, Distrito Federal, Caracas, Venezuela.

Nerve lesions in haemophilia are due to external compression or traction upon the nerve due to sudden muscular haematoma, producing a neuroapraxia or an axonotmesis, and thus interrupting nerve function. After treating the muscular haematoma and so the interference with the nerve function, this recovers almost totally, except for the reflexes that remain absent. Since our unit opened in July 1973, we have seen a total of 12 nerve lesions (femoral nerve 9, ulnar nerve 2 and tibialis posterior nerve 1). The clinic of these lesions as well as orthopaedic and haematological treatment is discussed. Total recovery of function took from three to six months after hemorrhage.