

FEASIBILITY OF ANTIFIBRINOLYTIC TREATMENT IN HEMOPHILIA: PRELIMINARY STUDY. F.A. Scaraggi, T. Rida, A. Oreste, M. Schiavoni and N. Ciavarella. Hemophilia Centre, 2 Clin Med, University of Bari, Italy.

We present a randomized clinical trial of prophylactic antifibrinolytic treatment carried out for a period of 15 days in a summer camp (Rosamarina-Puglia-Italy) on 22 hemophiliacs: 11 were treated with A.M.C.H.A and 11 without. Both groups were homogeneous regarding age of patients, type and severity of the disease. The aims of study were: 1- Prophylaxis of the spontaneous recurrent hemarthrosis 2- Possible saving of hemoderivate after traumatic hemarthrosis 3- Possible acceleration of the recovery. The first group was treated with 500 mg of A.M.C.H.A per person given by mouth three times a day. The number of hemarthrosis were 26 in the prophylactic group and 20 in the control. The total amount of units of factor VIII or IX were 7600 in the treated group, while they were 13200 in the control. The average amount of plasma factor units per person in the treated group were 690, while they were 1200 in the control one. Finally in all but one of the treated patients we observed that only one infusion was sufficient to recover the hemorrhagic episode. Our results are encouraging and can stimulate a double-blind multicenter clinical trial on the prophylactic treatment in hemophilia.

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EFFECT OF IBUPROFEN ON PLATELET FUNCTION IN NORMAL SUBJECTS AND HEMOPHILIACS. B.A. McIntyre, R.B. Philp and M.J. Inwood. University of Western Ontario, St. Joseph's Hospital, London, Canada.

Most anti-inflammatory analgesics are contraindicated in hemophiliacs because of inhibition of platelets, erosion of gastric mucosa, and prolongation of bleeding time. New propionic acid derivatives are claimed to have a lower incidence of gastrointestinal bleeding and less effect on the hemostatic system. One of these (ibuprofen, Motrin, Upjohn) was given (600 mg per os) to normal subjects and hemophiliacs on a random, double-blind basis (lactose placebo) and platelet adhesiveness and aggregation, platelet and red-cell counts, % packed cells, % hemoglobin and modified Ivy bleeding time were measured before and 2 and 24 hours (hr) after drug. Pre-drug and 24 hr post-drug values were normal but at 2 hr post-drug, ADP, adrenaline and collagen aggregations were inhibited and bleeding times slightly but significantly prolonged in the ibuprofen-treated normal subjects. Similar results were obtained in the ibuprofen-treated hemophiliacs but prolongation of bleeding time was not significant. In vitro studies with citrated platelet-rich plasma showed that ibuprofen inhibits platelet aggregation and synthesis of prostaglandins by platelets. Thus the results suggest that ibuprofen may be given to hemophiliacs rather than some of the older anti-inflammatory agents presently in use.

HEAD TRAUMA IN HEMOPHILIA: VALUE OF COMPUTER TOMOGRAPHY OF THE BRAIN IN LOCALIZING MULTIPLE HEMATOMAS. D. Green, P. Weinberg, L. Cerullo and D. McLone. Northwestern Memorial Hospital, Chicago, Illinois.

A 20 year old man with classical hemophilia (Factor VIII, 3%) was found unconscious in an alley after being struck on the head with a baseball bat. He transiently regained consciousness in the Emergency Room, but then became comatose and developed a right 3rd nerve palsy. He was immediately given AHF concentrate, 50 units per Kg, and had a computed tomographic (C.T.) brain scan which revealed bilateral fronto-parietal subdural hematomas. These were removed through burr-holes and a right fronto-parietal craniotomy. He was maintained on 12-hourly doses of AHF concentrate, 50 u/per Kg, and did well for the first 3 post-operative days. Signs of increasing intracranial pressure then developed, and a repeat CT scan disclosed a right intracerebral hematoma. This was surgically evacuated and the remainder of his post-operative course was uneventful. He was discharged after 6 weeks of hospitalization with no residual neurological defect. A second patient, seen 6 years earlier for subdural hematomas following cranial trauma, also had evidence of deterioration in the early post-operative period. At that time, C.T. scans were not available, and the site of the new hematoma was not established. Although the patient recovered, there was a severe residual neurologic defect. Our experiences indicate that C.T. scans of the brain are valuable adjuncts in the management of head trauma in hemophilia, and, when combined with vigorous neurosurgical intervention, offer an improved prognosis.