FACTOR VIII AND FACTOR VIII RELATED ANTIGEN IN NORMAL PREGNANCY. G. O. S. de Melo.
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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 pregnant women studied to 30 weeks or more of gestation, a difference was observed in factor VIII levels between Blood Group A and Blood Group B. 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.


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 test. Factor VIII, Factor VIII related antigen, VIII:Ag, and VIII:R:Ag were 85 for VIII:Ag and undetectable for VIII:R:Ag (Ristocetin aggregation of washed platelets) and VIII:R:Ag (electro-immunodiffusion).

In vitro, the patient's plasma exhibited an inhibitory activity against exogenous VIII:Ag and VIII:R:Ag but did not neutralize VIII:Ag 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 (ZOH, VIII:Ag abnormal), only 20% of the infused VIII:Ag activity was recovered after 15 min and the original level was reached 4 hours later. It was only observed a transient peak of VIII:Ag activity and VIII:R:Ag level did not increase at all after the infusion.

After the start of immunosuppressive therapy the three factor VIII related activities returned to normal level in the following order: VIII:Ag and VIII:R:Ag (9-12 days); VIII:R:Ag (3 weeks).

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

HEMOPHILIC ARTHROPATHY IN THE HOME CARE SETTING. F.H. Levine, E.A. McVerry, P.D. O’Connell and S. Rimbler. 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.