



## Rituximab in the treatment of acquired haemophilia A: a case report.

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## Background:

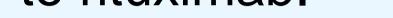
• Acquired haemophilia A (AHA) is a very rare disease caused by the development of clotting factor VIII (FVIII) inhibitors, resulting in haemorrhage and bleeding episodes.

• This situation has been reported during interferon therapy for chronic hepatitis C virus (HCV) infection.

• To eliminate FVIII inhibitors, immunosuppressive therapy (IST) with corticosteroids and cytotoxic drugs is regarded as the mainstay of therapy.



To describe a case of AHA refractory to conventional therapy that has responded to rituximab.





Patient clinical history was reviewed and the following laboratory investigations were collected: haemoglobin, platelets count, coagulation tests (prothrombin time and activated partial thromboplastin time) and FVIII and inhibitor levels.

Results:

	Diagnosis of reac- tivation Nov-2010	Antiviral	theraphy Week 12	admission	Day +6 of IST	Day +14 of IST	Day +23 of IST	Before 1 <sup>st</sup> dose of rituximab	Before 2 <sup>nd</sup> dose of rituximab	Before 3 <sup>rd</sup> dose of rituximab	Before 4 <sup>th</sup> dose of rituximab	After 8 weeks of rituximab	After 11 weeks of rituximab
Platelets (x10 <sup>3</sup> cel/mcL)	155	105	73	91	137	112	90	108	126	140	130	163	
Haemoglobin (g/dL)	14,9	15	14,2	9,9	11,5	12,2	11,4	11,1	10,2	11,4	11,5	12,4	
PT (s)	10,1	12,5	11,8	11,9	10,8	13,3	12,5	11,9	12,1	11,7	12	11,9	12,4
aPTT (s)	29,7	30,3	42,2	75	67,1	70,2	54,9	34,7	35,7	32	31,2	28,6	28
FVIII (U/dL)				0	1	3	2	12	25			138	141
FVIII inhibitor (BU/mL)				Insufficient sample	345	105	105	24	3			Unde- tectable	

aPTT: activated partial thromboplastin time; BU: Bethesda units; IST: immunosuppressive therapy; PT: prothrombin time.

A non-haemophilic 63 year old male patient with chronic HCV infection was receiving treatment with pegylated-interferon at 180 mcg weekly plus ribavirin at 400 mg twice daily. After 21 weeks of antiviral therapy, patient was admitted to hospital for a large haematoma in right lateral abdominal muscles, coagulopathy and AHA.
IST with intravenous methylprednisolone and oral cyclophosphamide was started. After 4 weeks, a slight improvement was obtained and, for this reason, oral cyclophosphamide was replaced by four once-weekly courses of intravenous rituximab at 375 mg/m<sup>2</sup>, and oral prednisone at 30 mg twice daily.

After failure of standard therapy, the use of rituximab in off label condition appears to be an effective option to eliminate FVIII inhibitors in patients with acquired haemophilia.





Aggarwal, A., Grewal, R., Green, R.J., Boggio, L., Green, D., Weksler, B.B., Wiestner, A. & Schechter, G.P. Rituximab for autoimmune haemophilia: a proposed treatment algorithm. Haemophilia, 2005(11): 13–19.