School of Medicine Columbia

Recognition and Management of Acquired Hemophilia A: A Case Report

Neelam Mulji MD[1], Thomas Crafton III MD[1], Fernando Navarro MD[1]

[1]Prisma Health Midlands – University of South Carolina School of Medicine, Columbia SC, USA

BACKGROUND:

- A 57-year-old African American male presented for elective inguinal hernia repair with significant post operative bleeding complications.

SUMMARY:

- Patient with multiple post operative bleeding complications following elective inguinal hernia repair
- No surgical history and ROS without concerns for coagulopathy
- Developed blood loss anemia and hematoma formation requiring multiple take backs
- Further coagulopathy workup revealed Acquired Hemophilia A
- Very rare bleeding disorder due to acquired auto antibodies to coagulation Factor 8

METHODS:

- A retrospective chart review at a single institution identifying a rare case of Acquired Hemophilia A, in a previously healthy patient undergoing elective surgery.



Figure 1. CT Angiography Abdomen and Pelvis was obtained on postoperative day 2. Arrow highlighting persistent extravasation/arterial blush in the inferior epigastric distribution.

Date/Time	R (min)	K (min)	ANGLE (deg)	MA (mm)	LY30 (%)
1/23, 2:10 am	0.7	0.9	78.6	67.5	1.2
1/23, 2:15 am	0.7	0.8	78.7	58.1	83.0
1/23, 8:17 am	0.6		66.5	18	0
1/23, 8:35 am	49.4	18.2	12.6	49.6	0
1/23, 9:04 am	0.8	2.7	65.6	40.5	0
1/28, 1:25 pm	57.7	29.4	8.2	46.6	0
1/28, 1:39 pm	53.2	23.9	9.7	39.1	0
1/28, 1:42 pm	1.8	1.8	64.7	35.8	0
1/28, 9:50 pm	45.5	18.1	12.1	47.4	0
1/30, 4:57 am	1.9	2.8	56.6	32.9	0

Figure 2. Thromboelastograms (TEGs) obtained throughout hospitalization with trend towards normalization of values as pathophysiology was elucidated.

CONCLUSIONS:

- Acquired Hemophilia A is associated with increased morbidity and mortality in terms of surgical complications. We present a case highlighting the importance of interdisciplinary involvement and need for immediate recognition and management.
- This case highlights the need for careful dissection and recognition of sources of postoperative hemorrhagic complications. Additionally, this case provides insight into recognition and treatment of coagulopathic disorders that are less commonly observed or not known preoperatively in patients who have not undergone surgery before.

REFERENCES:

•Nienhuijs S, Staal E, Strobbe L, Rosman C, Groenewoud H, Bleichrodt R (2007) Chronic pain after mesh repair of inguinal hernia: a systematic review. Am J Surg 194(3):394–400
•Wakasugi M, Akamatsu H, Yoshidome K, Tori M, Ueshima S, Omori T, Tei M, Masuzawa T, Iwamoto T, Nishida T (2013) Totally extraperitoneal inguinal hernia repair in patients on antithrombotic therapy a retrospective analysis. Surg Today 43:942–945. doi:10.1007/s00595-013-0567-8
•Heikkinen TJ, Haukipuro K, Hulkko A (1998) A cost and out- come comparison between laparoscopic and Lichtenstein hernia operations in a day-case unit. Surg Endosc 12:1199–1203
•Frey DM, Wildisen A, Hamel CT, Zuber M, Oertli D, Metzger J (2007) Randomized clinical trial of Lichtenstein's operation versus mesh plug for inguinal hernia repair. Br J Surg 94:36–41
•Rutkow IM, Robbins AW (1995) Mesh plug hernia repair: a follow-up report. Surgery 117:597–598