Acquired Hemophilia Type A Precipitated by Surgery: A Case Report

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Introduction

Acquired hemophilia A (AHA), or acquired Factor VIII deficiency, is the most common cause of acquired coagulopathies in which Factor VIII antibodies are produced against Factor VIII, interfering, and decreasing its activity. Acquired causes of AHA include auto-immune diseases, malignancies, pregnancy, and postpartum period, and no cause can be identified in 50% of cases. We present a case of acquired hemophilia caused by knee replacement surgery.

Case Presentation

A 69-year-old woman with a left knee replacement surgery was admitted for right hip pain and was found to have a hematoma in the right thigh by computed tomography (CT) scan. Postoperatively, she developed multiple ecchymosis in the extremities and left knee hemarthrosis that was drained in an outpatient setting. Blood work is shown in **Table 1.** AHA was suspected, so she was started on empiric methylprednisolone sodium succinate 1 mg/kg. Factor VIII replacement was tapered, cyclophosphamide 100 mg was initiated then discharged on 100 mg of cyclophosphamide and 60 mg of prednisolone daily. Patient's further follow up appointment showed normal aPTT and normal factor VIII levels with no complications.

Lab	Results
Hb	6.9 g/dL
(aPTT) of	76 seconds
INR	1.18
VIII activity	<1%
Factor VIII inhibitor	470 BU
Mixing study	No correction of aPTT

Table 1. Pertinent laboratory blood tests.

Conclusion

This case addresses the association of acquired hemophilia A with surgery. AHA should be suspected in patients with unexplained bleeding and isolated prolonged aPTT after surgery. After excluding other possible causes of bleeding, assessment of factor VIII activity and factor VIII inhibitor levels are required to make the diagnosis. High index of suspicion is needed to allow for appropriate intervention in a timely manner.

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