Abstract

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A case of anemia with a rare pathogenesis

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Abstract

Background: Anaemia is a common pathological condition in Medicine, due to different possible causes. We describe a case with rare pathogenesis.

Case report: In ER: 70 y.o. man, asthenia, Hb 6 g/dl. He had already been hospitalized in nephrology MD for acute renal failure in a patient with chronic kidney disease (CKD). Admitted to Internal Medicine for suspicious gastrointestinal bleeding. Haemorrhagic diathesis and extended right thigh haematoma were revealed. No traumas were reported. In spite of transfusions, anaemia did not improve. Blood tests: PTT 4 X upper limits of normal (ULN). INR and platelets: normal. Gastrointestinal bleeding was excluded. Fresh frozen plasma was transfused. PTT lowered. It was supposed coagulation deficit: LAC was highly suspicious, while anticardiolipin Abs (ACA) and anti-β2-glycoprotein were normal. Coagulation factors were dosed: severe Factor VIII deficit (0, 7%). Factor VIII inhibitors were positive. Diagnosis: Acquired Haemophilia. For differential diagnosis (idiopathic vs. autoimmune or neoplastic) we did the following tests: ANA Ab 1:160, Ro-52 (SS-A) Ab positive; PET-TC negative. The patient underwent corticosteroids: PTT and clinical signs improved. He was discharged with stable renal function and Hb 9 g/dl (after transfusion).

Discussion and conclusions: Acquired Haemophilia is a rare pathology; incidence 1-4 patients in a million; mostly 70-80 y.o. adults with no traumas. Therapy consists of Corticosteroids, Cyclophosphamide, or Rituximab. This case teaches us how important it is to look at the patient in overall vision, by using all clinical and laboratory signs, without underestimating any possible causes of pathological symptoms, even the rarest ones.