

Acquired Hemophilias and Renal Masses

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Introduction / Background

Acquired Hemophilias (AH) are rare autoimmune disorders and are diagnosed when older patients present with abnormal bleeding. It is usually caused by an autoimmune mechanism with an unknown trigger. We report three patients who presented with abnormal bleeding and diagnosed with various AH after extensive work up. Interestingly, our patients were found to have coexisting renal mass.



Patient #1 sagittal view of left renal mass



Patient #2 coronal view of right renal mass
Patient #3 imaging not available due to software error

Discussion / Conclusion

AH are extremely rare and affects approximately 1.5 per 1 million persons every year. Studies show considerable diagnostic delay with significant risk for morbidity and mortality. Further diagnostic work-up should be considered in patients without family history of bleeding disorders.

Treatment includes bypassing agents, activated prothrombin complex concentrate, or DDAVP to control bleeding and steroids and/or other immunosuppressive agents to reduce incidences of severe bleeding.

Atypically, as seen in our three patients, a mass or tumor can be identified during this work-up. Because of the abnormal bleeding tendency of AH, further work up of renal masses with invasive procedures like renal biopsies was deferred in our patient's cases. The implications or benefits of identification or treatment of secondary causes of acquired hemophilia has not yet been explored.

References

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Cases

	Patient #1	Patient #2	Patient #3
Age, Sex	82, Male	87, Male	84, Male
History	diabetes, chronic kidney disease, heart failure	bladder and prostate cancer	prostate cancer
Chief complaint	shortness of breath, left chest wall pain	weakness, shortness of breath	bleeding wound post basal cell carcinoma removal
Significant initial labs	hemoglobin 6.7, PTT 89.9	PTT >70	none
Further findings	Factor VIII <1, Factor XI 28	Factor VIII 4, Factor VIII inhibitor 8.8	Von Willebrand Factor (VWF) <20, VWF antigen 25%, Factor VIII activity 21%, VWF multimers low
Diagnosis	Acquired Hemophilia A	Acquired Hemophilia A	Acquired Von Willebrand's Disease
Treatment	blood transfusions, IVIG, steroids	Prothrombin Complex Concentrate, IVIG	IVIG
Incidental image findings	CT with 7.7 x 9.1 x 6.7 cm left renal mass	CT with 2 cm central right renal lesion	CT with 16x19mm left inferior pole exophytic lesion