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.

Cases

<table>
<thead>
<tr>
<th>Age, Sex</th>
<th>History</th>
<th>Chief complaint</th>
<th>Significant initial labs</th>
<th>Further findings</th>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Incidental image findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient #1</td>
<td>82, Male</td>
<td>diabetes, chronic kidney disease, heart failure</td>
<td>hemoglobin 6.7, PTT 89.9</td>
<td>Factor VIII &lt;1, Factor XI 28</td>
<td>Acquired Hemophilia A</td>
<td>blood transfusions, IVIG, steroids</td>
<td>CT with 7.7 x 9.1 x 6.7 cm left renal mass</td>
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<tr>
<td>Patient #2</td>
<td>87, Male</td>
<td>bladder and prostate cancer</td>
<td>PTT &gt;70</td>
<td>Factor VIII 4, Factor VIII inhibitor 8.8</td>
<td>Acquired Hemophilia A</td>
<td>Prothrombin Complex Concentrate, IVIG</td>
<td>CT with 2 cm central right renal lesion</td>
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<tr>
<td>Patient #3</td>
<td>84, Male</td>
<td>prostate cancer</td>
<td>none</td>
<td></td>
<td>Acquired Von Willebrand's Disease</td>
<td>IVIG</td>
<td>CT with 16x19mm left inferior pole exophytic lesion</td>
</tr>
</tbody>
</table>

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