

Chapter 7

TREATMENT OF SPECIFIC HEMORRHAGES

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TABLE 7-2 Practice patterns: peak plasma factor levels and duration of administration

Type of Hemorrhage	Hemophilia A				Hemophilia B			
	Lower-dose practice pattern		Higher-dose practice pattern		Lower-dose practice pattern		Higher-dose practice pattern	
	Peak factor level (IU>dL)	Treatment duration (days)	Peak factor level (IU>dL)	Treatment duration (days)	Peak factor level (IU>dL)	Treatment duration (days)	Peak factor level (IU>dL)	Treatment duration (days)
Joint	10-20	1-2 ^a	40-60	1-2 ^a	10-20	1-2 ^a	40-60	1-2 ^a
Superficial muscle / no NV compromise (except iliopsoas)	10-20	2-3 ^a	40-60	2-3 ^a	10-20	2-3 ^a	40-60	2-3 ^a
Iliopsoas or deep muscle with NV injury or substantial blood loss								
Initial	20-40	1-2	80-100	1-2	15-30	1-2	60-80	1-2
Maintenance	10-20	3-5 ^b	30-60	3-5 ^b	10-20	3-5 ^b	30-60	3-5 ^b
Intracranial								
Initial	50-80	1-3	80-100	1-7	50-80	1-3	60-80	1-7
Maintenance	20-40	8-14	50	8-21	20-40	8-14	30	8-21
	30-50	4-7	-	-	30-50	4-7	-	-
Throat and neck								
Initial	30-50	1-3	80-100	1-7	30-50	1-3	60-80	1-7
Maintenance	10-20	4-7	50	8-14	10-20	4-7	30	8-14
Gastrointestinal								
Initial	30-50	1-3	80-100	7-14	30-50	1-3	60-80	7-14
Maintenance	10-20	4-7	50		10-20	4-7	30	
Renal	20-40	3-5	50	3-5	15-30	3-5	40	3-5
Deep laceration	20-40	5-7	50	5-7	15-30	5-7	40	5-7
Surgery (major)								
Pre-op	60-80		80-100		50-70		60-80	
Post op ^c	30-40	1-3	60-80	1-3	30-40	1-3	40-60	1-3
	20-30	4-6	40-60	4-6	20-30	4-6	30-50	4-6
	10-20	7-14	30-50	7-14	10-20	7-14	20-40	7-14
Surgery (minor)								
Pre-op	40-80		50-80		40-80		50-80	
Post op ^d	20-50	1-5	30-80	1-5	20-50	1-5	30-80	1-5

Notes: In this table, the desired peak factor levels of CFC replacement shown for treatment of hemorrhages at different anatomical sites represent the ranges in global practice patterns depending on available resources. Importantly, it should be recognized that the goal of such treatment is effective control of bleeding and should be the same everywhere in the world. Lower CFC replacement levels require much closer observation for effectiveness of bleeding control, with a potentially greater chance of requiring additional CFC replacement to achieve the target plasma level as well as the hemostatic and musculoskeletal outcomes.

^a May be longer if response is inadequate. ^b Sometimes longer as secondary prophylaxis during physical therapy. ^c The duration of treatment refers to sequential days post-surgery. Type of CFC and patient's response to CFC should be taken into account. ^d Depending on procedure; the number of doses would depend on the half-life of the CFC used.