INTRODUCTION

Chronic peritoneal dialysis (PD) has been carried out in our nephrology centre since 1976, in the form of i.v.-catheter intermittent peritoneal dialysis (iPD) until 1994. Continuous ambulatory peritoneal dialysis (CAPD) and automated peritoneal dialysis (APD) have been applied in PD-programmes (32% of prevalent dialysis patients) at the end of 2015, with 79 prevalent patients of 231 patients.

Tenckhoff-catheter was inserted in 134 patients altogether: for a long period – catheters were placed via the open laparotomy technique, recently laparoscopic placement is used more frequently. In the post-operative phase (apart from a few minor surgical haemorrhages) no significant haemorrhagic adverse events were detected.

Clotting II: coagulation time, prothrombin time (PT) (prothrombin activity in percentage & normalized international ratio).

SUMMARY

At the time of patient’s admission to the ward, the factor VIII activity was <0,25% (normal levels are between 70-140%), the inhibitor level was 20 U/mL Bethesda Unit (BU) – this is a normal clotting ability.

The patient was transferred to the intensive care unit (ICU).

The treatment resulted in a complete remission: factor VIII activity level increased, above 200%, inhibitor level tests result showed: Patient recovered from acquired haemophilia.

10. Clotting parameters II.

11. Factor VIII activity and inhibitor-inhibitor level

12. Clinical states leading to anti-factor VIII inhibitor formation (acquired haemophilia)

NEPHROLOGIC ASPECTS OF MEDICAL HISTORY

The Tenckhoff-catheter was relocated to the National Haemophilia Centre (1st Dept. of Internal Medicine of Medical Centre, Hungarian Defence Forces) for further treatment.

CURRENT MEDICAL HISTORY

Tenckhoff-catheter insertion and subsequent events (01.04. – 04.2015): Pre-operative coagulation screening (INR, platelet count) was satisfactory, haemoglobin level was 12.2 g/dL. April 1st, 2015: laparoscopic Tenckhoff-catheter insertion: without complications.

Post-operative haemorrhage from the surgical wound, haematuria (urine bleeding gastric ulcer), haemotympanum and anoma occurred on the same day afternoon. Further laparoscopic procedure, abdomen and cavity drain insertion. In the following two days, these laparotomies were necessary due to haemorrhage in stomach, the abdominal cavity and abdominal wall – the patient was transferred to the intensive care unit (ICU).

The patient received continuous transfusions (red lecitos cells – RBC-concentrate, along with 2300 IU and four fresh plasma (FFP – 500 BU) due to major extension of the activated partial thromboplastin time (aPTT). On the basis of hematology consultation, the possibility of acquired factor VIII deficiency, as well as the anti-factor VIII inhibitor had been taken into account (since aPTT could only be reduced but not normalized), therefore the patient was relocated to the National Haemophilia Centre (1st Dept. of Internal Medicine of Medical Centre, Hungarian Defence Forces) for further treatment.

PURPOSE OF INVESTIGATION

To present a patient case, where acquired coagulopathy – associated with generalised, massive haemorrhage – was detected in the post-operative phase.

PATIENT

44-year-old, female, initials: Z. N.

Providing history:

Tendocystitis, sinal maxillary polyperichous asthma bronchial, polyctic kidney disease (confirmed in 1995), secondary hypertension, nephropathy care due to chronic progressive kidney disease. She had two childbirths (the second with sector Caesarean).

February 2015: Patient was placed on the kidney transplant waiting list.

Chosen dialysis modality: CAPD (continuous ambulatory peritoneal dialysis)

CONCLUSION

February 2015: Patient was placed on the kidney transplant waiting list. She had two childbirths (the second with sector Caesarean). Preceding illnesses:

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- Providing history:
  - Tendocystitis, sinal maxillary polyperichous asthma bronchial, polyctic kidney disease (confirmed in 1995), secondary hypertension, nephropathy care due to chronic progressive kidney disease.
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ACQUIRED FACTOR VIII. DEFICIENCY

HAEMORRHAGE AFTER TENCKHOFF-CATHETER PLACEMENT – ACQUIRED FACTOR VIII. DEFICIENCY

Brigitta Udvardi-Bakó, Andrea Csabai, Gábor Szentgyörgi, Kálmán Schneider, Imre Kacsan1, László Sátori1

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Braun EXPERTISE

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3. Patients on PD 1978-2014 Szombathely, Hungary

4. Bronchial, polycystic kidney disease (confirmed in 1995), secondary hypertension, nephropathy care due to chronic progressive kidney disease. She had two childbirths (the second with sector Caesarean).

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