Development in the Treatment of Hemophilia: A Commentary

Khuong Lahn*

Vin University College of Health Sciences, Hanoi

Commentary

Hemophilia A and B are X-chromosome-linked bleeding disorders caused by mutations in the factor VIII (FVIII) and factor IX (FIX) genes, respectively, and affect 1 in 5,000 and 1 in 30,000 male live births, respectively. The diagnosis of hemophilia A or B is confirmed by the identification of a low level of the specific factor using laboratory assays. Affected individuals have a lifelong bleeding tendency, caused by the failure of secondary hemostasis, with the degree of severity being proportional to the degree of reduction of the specific coagulation factor [1]. The existence of autoantibodies directed against clotting factors causes acquired hemophilia, an autoimmune illness. While this condition can afflict anyone at any age, it is most common in the elderly. Unprovoked haemorrhage into the skin and muscles, as well as iatrogenic bleeding, is common symptoms. Hemophilia, on the other hand, is a congenital lack of either factor VIII or factor IX that is primarily linked to hemarthroses. Antibodies against factor VIII or factor IX can form in people with hemophilia, however these are alloantibodies triggered by exogenous factor concentrates. Autoantibodies have been found against all of the coagulation factors however factor VIII autoantibodies are the most common. Recent improvements in clarifying the structure-functional links of factor VIII have aided in the identification of ‘hot spots’ in the molecule that are common autoantibody targets [2]. Hemophilia has been a model of excellent management of a congenital chronic condition since the introduction of modern replacement therapy in the early 1970s. This has been linked to a significant improvement in patient life expectancy, which had been less than 30 years prior. Simultaneously, increased use of prophylaxis in children has resulted in the avoidance or major decrease in hemorrhages when concentrate was dosed to maintain nadir levels of approximately 1% [5]. There have been many advancement in the level of hemophilia treatment and still more study need to be conducted to achieve more efficient method of treatment of hemophilia.

References
