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Understanding Haemophilia

Haemophilia is a rare, genetic blood disorder leading to delayed blood clotting time due to lack of normal amount of clotting factors or proteins in the blood which cause uncontrolled bleeding.

Causes

When there's a bleeding, the body accumulates blood cells to form a clot and stop the bleeding. Clotting factors are proteins in the blood which when combined with platelets, form blood clots that control bleeding. Haemophilia occurs when the body doesn't produce enough protein to help the blood form clots. Low clotting factor levels increase bleeding risk.

Types

Haemophilia could be mild, moderate or severe based on the amount of clotting factors in the blood. There are mainly three types of Haemophilia:

Haemophilia A: It is the most common and occurs when there's a lack of clotting factor 8 (factor VIII).

Haemophilia B: Haemophilia B happens when there's a deficiency of clotting factor 9 (factor IX.)

Haemophilia C: Haemophilia C is also known as factor 11 (factor XI) deficiency. This type is very rare, affecting 1 in 100,000 people.

Symptoms

There are varying symptoms of Haemophilia depending on the level of clotting factors present in the blood. If the clotting-factor level is mildly reduced, bleeding will only be after surgery or trauma. If the deficiency is severe, bleeding may occur spontaneously.

Symptoms of Haemophilia may include:

- Unexplained and excessive bleeding from cuts or injuries / after surgery / dental procedures
- Many large or deep bruises
- Infrequent bleeding after vaccinations
- Pain, swelling or tightness in joints
- Blood in urine or stool
- Unexplained nosebleeds
- Unexplained irritability (in infants)

Diagnosis

Mild Haemophilia may not be obvious until adulthood. Severe cases of Haemophilia are typically diagnosed within the first year of life. Some people discover they have Haemophilia after bleeding excessively during a surgical procedure. Genetic testing may be used to identify (carriers) people with family history of Haemophilia. Testing for the deficiency of clotting-factor can reveal and determine the severity of the disease.

Treatment

- **Replacement Therapy:** The main treatment for severe Haemophilia involves replacing the clotting factor need through IV route while a bleeding episode is in progress. It can also be administered on a regular schedule at home to prevent bleeding episodes
- **Clot-preserving medications:** Anti-fibrinolytic medications help prevent breakdown of blood clots
- **Fibrin sealants:** Useful in dental procedures, it is applied directly to wounds to promote clotting and healing
- **Physiotherapy:** If internal bleeding has damaged the joints, physiotherapist can advise exercises to ease joint pain. Severe damage to the joint may require surgery
- **First Aid for minor injuries:** Use of pressure, ice pack and a bandage generally takes care of a bleeding

Complications of Haemophilia

- Deep internal bleeding
- Bleeding into the throat or neck
- Damage to joints
- Infections
- Adverse reaction to clotting factor treatment

When to see a doctor

If the parents detect delayed blood clotting in their child's wounds accompanied by other symptoms of Haemophilia, a medical expert should be immediately consulted for investigative tests, proper diagnosis and treatment.