HAEMODIALYSIS IN HAEMOPHILIA A WITH ACUTE URAEMIA

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Repeatedly, cases are reported in the literature in which extracorporeal haemodialysis was successfully applied in the treatment of renal insufficiency in haematological diseases (Doyle, 1962; Duke, 1963; Last, 1963; Jutzler et al., 1964). In the past year, we treated a patient with acute uraemia and existing haemophilia A and urolithiasis.

Case history. In 1956 renal haemorrhages occurred in the patient for the first time. In 1958, a renal pelvic stone was diagnosed on the right, in 1965 on the left. In February 1967, the right-sided renal pelvic stone was removed by pyelotomy under anti-haemophilic treatment. Four weeks later, after massive haemorrhages had occurred from the renal cavity system on the right, bladder tamponade ensued with acute uraemia (Fig. 1). Peritoneal dialysis was impossible; we thus decided to use extracorporeal haemodialysis.

Process of dialysis treatment. The patient was dialysed on a KiiI-Scribner dialyzer with regional heparinization. During dialysis, heparin concentration and recalcification time were estimated.

![Graph showing haemodialysis results](image)

Fig. 1. Haemodialysis due to acute uraemia (urolithiasis) in a case of haemophilia A.
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Fig. 2. Heparin concentration and recalcification time by regional heparinization in intra- and extracorporeal circulation by haemodialysis.

As Figure 2 shows, the heparin concentration in the intracorporeal blood stream varied between 2.5 and 5 mcg/ml. The corresponding values in the extracorporeal circulation were 8.0 and 13.0 mcg/ml. With regional heparinization, the extracorporeal haemodialysis was performed without complications.

Following elimination of the uraemic symptoms through haemodialysis, the patient could be nephrectomized on the right, 7 days after the bladder tamponade. In the succeeding polyuric phase he quickly recovered and plasma urea and creatinine decreased to subnormal values. The ensuing recovery was without complication.

Summary

We demonstrate the successful dialytic treatment of a patient with haemophilia and acute uraemia, as well as urinary tract obstruction due to urolithiasis and bladder tamponade.

REFERENCES


