Recent Advances in the Diagnosis and Management of Acquired Hemophilia A

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Acquired hemophilia A (AHA) is a rare but potentially life-threatening autoimmune bleeding disorder caused by inhibitory antibodies against coagulation factor VIII, most commonly affecting elderly patients and those with underlying comorbidities. Clinical recognition is frequently delayed, as bleeding severity does not consistently correlate with factor VIII activity or inhibitor titers, underscoring the importance of early clinical suspicion.

This presentation reviews current diagnostic algorithms for AHA, focusing on the prompt evaluation of isolated prolonged activated partial thromboplastin time and confirmation using mixing studies, factor VIII activity measurement, and inhibitor assays. Contemporary management is based on a dual-track strategy combining immediate control of acute bleeding with immunosuppressive therapy aimed at inhibitor eradication. Bypassing agents, including recombinant activated factor VII and activated prothrombin complex concentrate, remain the cornerstone of treatment for clinically significant bleeding. Recombinant porcine factor VIII represents an important alternative, offering more predictable pharmacokinetics and the ability to monitor factor VIII activity, although its use may be limited by availability and the development of anti-porcine inhibitors.

Recent therapeutic advances have expanded treatment options beyond conventional factor-based approaches. Emicizumab, a bispecific factor VIII mimetic antibody, has emerged as a promising adjunctive or alternative strategy for bleeding prevention in selected patients, particularly those at high risk for recurrent bleeding or treatment-related toxicity. Although not yet uniformly incorporated as first-line therapy in international guidelines, accumulating real-world evidence suggests a potential role for emicizumab in carefully selected clinical scenarios. In parallel, immunosuppressive strategies are evolving toward more individualized, risk-adapted approaches that balance inhibitor eradication with the risk of infection and other treatment-related complications. Bridging the gap between guideline recommendations and real-world practice through early recognition, appropriate selection of hemostatic agents, and patient-centered treatment strategies remains essential to improving outcomes in acquired hemophilia A.