Case Reports Acta Haematol. 2025 Apr 24:1-7. doi: 10.1159/000545442. Online ahead of print.

Emicizumab and Acquired Hemophilia A Secondary to Multiple Myeloma

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PMID: 40273904 DOI: 10.1159/000545442

Abstract

Introduction: Acquired hemophilia A (AHA) is a severe bleeding disorder, sometimes linked to plasma cell dyscrasias. In this context, emicizumab, a bispecific antibody, provides stable hemostasis by mimicking factor VIII (FVIII), offering convenience and flexibility compared to bypassing agents. Moreover, targeted anti-myeloma therapy directly addresses the underlying plasma cell disorder, potentially achieving better and more durable control of AHA than conventional immunosuppressive therapy, while reducing its associated adverse effects.

Case presentation: We describe the successful management of AHA secondary to multiple myeloma (MM) using emicizumab and targeted anti-myeloma therapy. The patient initially responded to bortezomib-dexamethasone but required teclistamab due to disease progression. Emicizumab maintained hemostatic stability, allowing time for effective MM management.

Conclusion: Emicizumab, in conjunction with targeted myeloma treatment, represents a promising strategy to improve outcomes for AHA patients with MM. This approach is particularly advantageous for older patients with multiple comorbidities, who face elevated risks of thrombotic, bleeding, and infectious complications.

Keywords: Acquired hemophilia A; Emicizumab; Immunosuppressive therapy; Multiple myeloma; Teclistamab.

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