



before treatment and 3 months, 6 months and 12 months after treatment. PRP was obtained by intravenous blood centrifugation for 8 minutes at 1600 rpm and were injected into the joint cavity of each patient.

Results: The average volume of blood extracted was 15 ml (10-35). The average volume of PRP injected was 4 ml (2-9). The average platelet count was $420 \times 10^3/\text{ml}$ (200-850). All patients reported pain relief, the average VAS before treatment was 5, patients reported pain relief 3, 6 and 12 months after treatment ($P < .001$), decrease in joint bleeding episodes was statistically significant ($P < .001$) 3 months, 6 months, 12 months after treatment. The HJHS before treatment vs. 3 months, 6 and 12 months after treatment was also statistical significant ($P < .001$). Joint perimeter measures also improved 3 months, 6 and 12 months after treatment and was statistically significant for ankle and elbow joints ($P = .011$, $P = .008$). The range of movement (flexion and extension) improved in all patients but wasn't statistically significant.

Conclusion: All patients reported benefit of the PRP therapy. The improvement was very important in the first 3 months and continues until one year up follow up.

W-P-007 (604) | Demographics of haemophilia in the Ivory Coast in 2017: Data collection in the setting of the WFH twinning program

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Introduction and Objectives: In sub-Saharan African countries, haemophilia is largely under-diagnosed and under-treated. In 2015, the WFH Global Surveys reported 79 cases of severe and moderate haemophilia in the Ivory Coast. Since 2014, both HTC of the Cliniques universitaires Saint-Luc (Brussels, Belgium) and the Centre Hospitalier Universitaire (CHU) of Yopougon (Abidjan) have established a close partnership in the frame of the WFH twinning program. The goal of the present study was to collect accurate, detailed and systematic demographics of the Ivorian haemophilia population.

Methods: Data were prospectively collected on site during multidisciplinary visits in 2017. The evaluation included an in-depth individual face to face interview, the establishment of a pedigree, a clinical examination with a joint assessment performed by an experienced physiotherapist, a biological work-up including clotting factor VIII and IX measurements and systematic screening for inhibitors. The full protocol was approved by Ivorian and Belgian EC and is registered on ClinicalTrials.gov (NCT03054662).

Results: The cohort included 67 persons with haemophilia from 47 different families: 55 severe, 6 moderate, 1 minor haemophilia A

(HA) and 4 severe, 1 moderate haemophilia B. With regard to ethnicity, they were classified as Akan (28), Krou (16), Mandé (12), Gour (6) and others (5). Patients geographically clustered in Abidjan (26) and in the southern half of the country. Family history of haemophilia was found in 69%. Pedigree analysis identified 49 deaths in affected relatives (16 after circumcision, 9 intra-cranial haemorrhage, 5 oral bleeding, 10 other bleeding and 9 unknown causes). The median age (range) at evaluation was 12.4 years (1.6-63.4) and at diagnosis 3 years (0.0-45.0). Circumstances of diagnosis were family screening (8), spontaneous (17) or traumatic (18) bleedings and circumcision (24). Anemia (haemoglobin $<12 \text{ g/dl}$) was present in 41/63 (4 missing data) patients. 2 PWH were HCV+ and 1 HBV+.

Conclusion: The twinning offered a unique occasion to provide robust data from the Ivorian population with haemophilia. These data are extremely valuable to make decisions locally on appropriate interventions, allocate resources and evaluate their impact. A priority should be to increase haemophilia's screening in order to avoid deaths due to ignorance of the condition.

W-P-008 (684) | Surgical prophylaxis using long acting factor concentrate in a cohort of haemophilia patients

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Introduction and Objective: Long acting factors are attractive in the management of haemophilia because of less frequent administration. These drugs have been used extensively in prophylaxis and appear promising with regard to support during surgery. This retrospective study looks at the use of extended half-life (EHL) recombinant factors in patients with haemophilia A who underwent surgery at a single centre provided through the WFH humanitarian aid program.

Patients and Methods: Patients with haemophilia who underwent major surgery, either as elective or as emergency, with EHL rFVII-IFc as the clotting factor concentrate (CFC) for haemostasis were included in this study. All these patients were negative for inhibitors. The recovery factor assays were done with a one stage APTT method. The CFC support was continued till suture removal, usually 10 days. Other supportive measures included tranexamic acid, at physician discretion.

Results: A total of 21 patients underwent surgery. There were 19 patients with severe haemophilia A, 1 each with, moderate and mild haemophilia A. The median age was 32 (8-68) years. Out of the 21 procedures, 16 (76.2%) were orthopaedic surgeries, 2 (10.5%) were abdominal surgeries and 1 (5.2%) each was parotid surgery, neurosurgery and skin graft. The orthopaedic surgeries included pseudotumour excision ($n = 3$), open reduction and internal fixation of fracture ($n = 4$), corrective osteotomies ($n = 5$), amputation ($n = 2$), arthrodesis ($n = 1$), and curettage ($n = 1$). The median recovery assay prior to surgery was 101% (63-226). The median trough levels for