CORRESPONDENCE

retrospective and comparative study on the frequency of various types of leukemia in the past and in recent years, one can clearly note a sharp decline in ALL from over 50% to so low an incidence as to doubt its occurrence in the middle and older age groups. If one accepts the author's notion that ALL does not occur in elderly patients, this apparent fall in the reported incidence can be explained by our increased understanding of its diagnosis. Regarding ethnic differences, I think no such differences exist.

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Early Treatment of Bleeding Episodes With 10 U/kg of Factor VIII

To the Editor:

Recommendations for the treatment of acute bleeding episodes in factor VIII-deficient hemophiliacs vary widely, and because of the expense of this coagulant (in Illinois 15c to 23c per coagulant unit), it is pertinent not to use excessive amounts. Following the recommendation of Britton et al. that a single dose of 10 U/kg infused promptly after the onset of a bleeding episode is efficacious, we used this dose at Camp Warren Jyrch in 1975 and 1976 to treat muscle hematomas and acute hemarthroses in nonchronically damaged joints. We found no need to retreat any of the acute, nontraumatic bleeding episodes.

Acute bleeding episodes into muscles or nonchronically damaged joints were treated with 10 U/kg of concentrate (rounded off to the nearest whole vial). This resulted in the actual infusion of 8-12 U/kg of factor VIII. Rarely was there any swelling, although minimally decreased motion and the subjective complaint of pain were present.

There were 62 bleeding episodes in 21 factor VIII-deficient children. Resolution was defined as either the child's report of full recovery, or our observation of free use of the joint during camp activities. All bleeding episodes had resolved or showed noticeable improvement within 24 hr. Morning episodes tended to be completely resolved by dinner or bedtime, while afternoon and evening bleeds were usually resolved by the next morning or lunch.

Our experience confirms that of Britton et al. that prompt infusion of 10 U/kg leads to rapid resolution of acute nontraumatic joint and muscle hemorrhage. A similar low dose has been efficacious in two large home transfusion programs.

The success of single low-dose infusion therapy depends upon the children reporting their bleeding episodes early. During 4 yr at Camp Warren Jyrch, the vast number of boys have learned to report bleeding episodes promptly. Informal discussions revealed a variety of reasons as to why the same boys may delay in reporting "bleeds" when not at camp. Some must undertake long trips to a hospital emergency room and endure numerous unsuccessful venipunctures by house officers (the record was 16 times by one house officer). Some were acutely
aware of the expense of therapy. Most boys felt some degree of guilt for bleeding episodes either because of the disruption of family life necessary to obtain treatment, or repeated questioning about forbidden activities that “caused” the bleeding episode. In our experience, less than 10%, of bleeding episodes had a definite associated traumatic incident.

At camp, the bleeding episodes were viewed as occurrences that should be treated promptly. The boys were encouraged to report episodes early and were not restricted by the physician in their activities following treatment. The boys were encouraged to participate in therapy, and the vast majority learned self-infusion. All participated in their own therapy to some degree.

The boys were aware of the bleeding episodes before objective physical findings were evident. Through their camp experience, most learned by direct experience that the sooner a bleeding episode was treated, the quicker it resolved and the shorter the overall period of discomfort.

For such a regimen to be feasible, a major effort must be made by physicians and families to encourage early reporting and prompt infusion therapy through the elimination of guilt and a positive outlook toward treatment.

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NEWS AND VIEWS

RESEARCH GRANT APPLICATIONS

New research grant and renewal applications will be accepted June 1 through September 30, 1977, by the National Leukemia Association at its offices in Roosevelt Field, Garden City, N.Y. 11530 [phone: (516) 741-1190]. Research grant applications received during that period will be reviewed by the Medical Advisory Committee and acted upon at their December meeting. All decisions will be sent to grant applicants by December 31, 1977, and all approved grants will be funded as of January 1, 1978.

The economic pressures mandate that grants be funded for an amount not to exceed $20,000, and indirect costs not to exceed 20%, must be included within this total. The total available monies will not allow for every worthwhile proposal to be funded, but as many as possible of those approved will be funded. There are a limited number of clinical fellowships in leukemia research available; each fellowship carries a stipend of $20,000 per year.

Approved grants are awarded for one year, and may be renewed for a second year upon reapplication. Six copies of the completed research grant and fellowship application must be filed.
Early treatment of bleeding episodes with 10 U/kg of factor VIII [letter]

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