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XIX Convegno Triennale sugli Aspetti Clinici e Sociali dell'Emofilia ABSTRACT N. CO-52

2.06 Comorbidities

CARDIOVASCULAR EVENTS AND SUBCLINICAL ATHEROSCLEROSIS IN HEMOPHILIA A AND B PATIENTS: A MULTICENTER COHORT STUDY

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Background and Aims. Advances in hemophilia care have increased life expectancy, exposing patients to age-related cardiovascular risk. Although hemophilia has traditionally been considered protective against thrombosis, cardiovascular events are increasingly reported. This study evaluated the prevalence and predictors of cardiovascular events in patients with hemophilia A and B and their association with clinical and subclinical atherosclerosis.

Materials and Methods. We conducted a multicenter ambispective cohort study including 163 patients aged >40 years with hemophilia A (n=139) or B (n=24) followed at the Hemophilia Centers of Padua and Castelfranco Veneto, Italy. Patients were classified according to the occurrence of cardiovascular or thrombotic events (myocardial infarction, stroke/TIA, venous thrombosis). Demographic, clinical, laboratory, and treatment data were collected. Hemostatic function was assessed by ROTEM and Multiplate assays. Vascular evaluation included carotid ultrasound, abdominal aorta diameter measurement, and ankle-brachial index (ABI). Associations with outcomes were analyzed using univariate and multivariable logistic regression.

Results. Twenty-seven patients (16.6%) experienced at least one event. Events were more frequent in mild than severe hemophilia (70.4% vs 40.4%; p=0.0199), with no difference between hemophilia A and B (p=0.545). Patients with events were older (67.8±12.2 vs 55.7±10.7 years; p=0.001) and had a higher prevalence of hypertension (66.6% vs 38.2%; p=0.01), dyslipidemia (59.3% vs 38.2%; p=0.04), and cancer (37% vs 13.2%; p=0.004). Multivariable analysis identified HIV infection (OR 6.51, 95% CI 1.38–30.77), hypertension (OR 3.17, 95% CI 1.31–7.68), and dyslipidemia (OR 2.38, 95% CI 1.02–5.56) as independent predictors of events. Patients with events showed greater carotid plaque thickness (p=0.006), larger abdominal aorta diameter (p=0.03), and a higher prevalence of abnormal ABI (<1; p=0.001). Laboratory findings included lower hemoglobin (p=0.0076) and platelet counts (p=0.0037), higher creatinine (p=0.0182), NT-proBNP (p=0.02), and troponin I levels (p=0.004). ROTEM analysis demonstrated shorter INTEM clotting time (p=0.0037), while Multiplate testing showed lower ASPI AUC (p=0.03) and TRAP AUC (p=0.002). Kaplan–Meier analysis revealed no significant difference in event-free survival between mild and severe hemophilia (p=0.94) (Figure 1).

Conclusions. Cardiovascular and thrombotic events occurred in a minority of patients with hemophilia but were associated with older age, mild disease, HIV infection, and traditional cardiovascular risk factors. Their association with markers of subclinical atherosclerosis highlights the importance of comprehensive cardiovascular assessment in this population.

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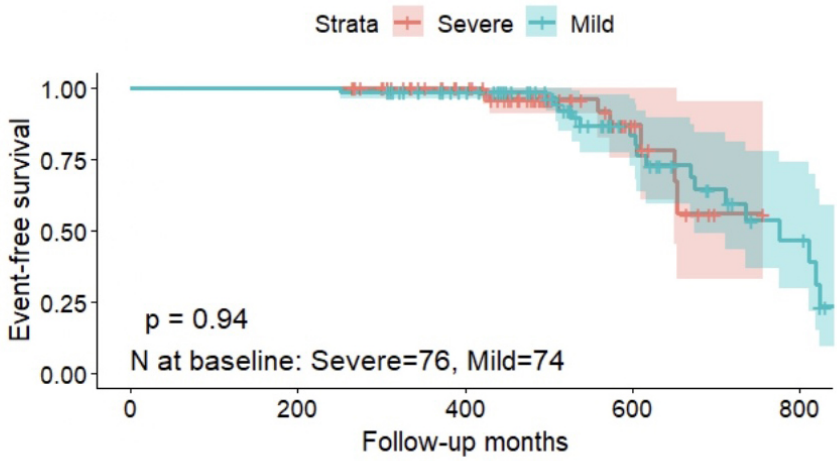


Figure 1. Kaplan–Meier curve for cardiovascular events in severe and moderate hemophilia A and B