RECOMBINANT ACTIVATED FACTOR VII IN THE MANAGEMENT OF SEVERE HEMMORRHAGE FOLLOWING CARDIOPULMONARY BYPASS

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Introduction
With increase number of cardiac surgery in Egypt the risk of transfusions allergenic "bank" blood have come to represent an increased percentage of limitation and the overall risk of cardiac operations.

The Rational and Background
Uncontrolled medical bleeding represents a major challenge to the surgical team, the patient will be at risk. Life-threatening bleeding may persist despite conventional medical therapy and transfusions. Treatment of bleeding is frequently empiric and highly institution-specific not based on demonstrated laboratory abnormalities.
In the last few years there have been several reports of the use of recombinant activated factor VII (RFVIIA) in the management of massive hemorrhage with encouraging results not supplanted by any of the combination of therapies conventionally used. The recommended dose of RFVIIA for hemophilia A or B patients with inhibitors is 90 mcg/kg given every two hours until hemostasis is achieved, or until the response has been judged to be inadequate.

Conclusion:
Evidence gained over the few years demonstrates that RFVIIA has a rule in the management of patients with haemophilia and inhibitors to coagulation factors. It is capable of reducing hemorrhage in wide variety of clinical situations associated with excessive hemorrhage.