Spontaneous haemorrhage in a healthy newborn
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DESCRIPTION
A full-term male neonate, who was born by vaginal delivery without trauma, presented a small purple tumefaction on his back at 8 h of life, with a tender consistency. It was well defined and interpreted as a haemangioma. At 24 h of life he became lethargic, pale, tachycardic and the tumefaction worsened (figures 1 and 2).1 2 A careful review of his family history revealed haemophilia A in first-degree to third-degree relatives on the maternal side.1 2 Haemoglobin dropped from 14.6 to 9.5 g/dL in 4 h. His activated thromboplastin time was 85.2 s with normal prothrombin time and number of platelets. The coagulation factor dosage revealed a severe factor VIII deficiency (FVIII <0.1%). He received red blood cells, fresh frozen plasma and intravenous recombinant factor VIII transfusions, and started phototherapy for jaundice.2 Cranial, abdominal ultrasounds and thorax radiographies were normal. In the following days, his general condition and haematoma significantly improved.

He was discharged at 7 days of life with FVIII dosage in normal range (85.2%) and negative inhibitors for FVIII.

Learning points
▸ Haemophilia A is an X-linked coagulation disorder, so mothers are usually asymptomatic carriers and manifestations are almost exclusively in male neonates.
▸ A review of the family history in an otherwise healthy newborn, with unexplained bleeding, can lead to the diagnosis in two-thirds of the population.
▸ The severe form of haemophilia should be part of the differential diagnosis of haemodynamically unstable newborns with spontaneous superficial haematoma.

Figure 1 Diffuse haematoma on the neonate’s back and the presence of some central yellowish papule surrounded by a halo of erythema (erythema toxicum).
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REFERENCES