PS21

Stečeni manjak faktora XIII kao prvi simptom karcinoma prostate: prikaz slučaja

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KLJUČNE RIJEČI: faktor XIII; prostata; adenokarcinom; paraneoplastični sindromi

UVOD: Nedostatak faktora XIII rijedak je poremećaj krvarenja kojeg karakterizira formacija nestabilnog fibrina i odgođeno krvarenje zbog preuranjene lize ugruška. Pojava stečenog nedostatka FXIII može biti idiopatska ili povezana s komorbiditetima, kao što su maligne bolesti ili autoimuni poremećaji.
PRIKAZ SLUČAJA: 70-godišnji pacijent bez komorbiditeta je pregledan u hitnoj službi zbog hematoma po tijelu koji su nastali bez prethodno zadobivene traume, te bez drugih znakova krvarenja i bez drugih tegoba. U statusu su zamijećeni veći hematomi u području lijeve aksile, lijevog hemiabdomena te desnog gluteusa. U laboratorijskim nalazima je opisana tek diskretna trombocitopenija te uredne vrijednosti protrombinskog (PV) i aktiviranog tromboplastinskog vremena (APTV). Dodatno je učinjena aktivnost FXIII, te je dokazan manjak ovog koagulacijskoj faktora (aktivnost FXII 28%, uz negativne inhibitore). Krvarenje je zaustavljeno primjenom koncentrata plazmatskog FXIII. Kako bolesnik nije imao anamnestičkih podataka o dosadašnjoj sklonosti krvarenju, postavljena je sumnja na stečeni nedostatak FXIII. Obradom je verificiran hormonski osjetljiv metastastki adenokarcinom prostate (mHSPC). Biopsija prostate je učinjena u hospitalnim uvjetima uz primjenu koncentrata FXIII, te se komplicirala blagom makrohematurijom. Uvedena je kombinirana terapija deprivacije androgena (ADT) i terapija koja cilja androgeni receptor (ARTA). Dodatna terapija koncentratom FXIII nije bila potrebna.
ZAKLJUČAK: Stečeni manjak FXIII je sada prvi puta opisan kao paraneoplastični simptom karcinoma prostate. Na manjak FXIII treba posumnjati u slučaju prisutnih simptoma krvarenja te urednih vrijednosti PV i APTV. Nedostatak se može liječiti primjenom nadomjesne terapije u obliku koncentrata FXIII.

Acquired Factor XIII Deficiency as the Initial Symptom of Prostate Cancer: A Case Report

INTRODUCTION: Factor XIII deficiency is a rare bleeding disorder characterized by unstable fibrin formation and delayed bleeding due to premature clot lysis. Acquired FXIII deficiency can be idiopathic or associated with comorbidities, such as malignant diseases or autoimmune disorders.
CASE REPORT: A 70-year-old patient without comorbidities was examined in the emergency department due to hematomas appearing on the body without prior trauma, other signs of bleeding, or accompanying symptoms. During the examination significant hematomas were observed in the left axilla, left hemiabdomen, and right gluteal region. Laboratory results showed mild thrombocytopenia and normal values for prothrombin time (PT) and activated partial thromboplastin time (APTT). FXIII activity was tested, confirming a deficiency in this coagulation factor (FXIII activity 28%, with negative inhibitors). Bleeding was successfully managed with plasma FXIII concentrate. As the patient had no medical history of bleeding tendencies, acquired FXIII deficiency was suspected. Further evaluation confirmed metastatic hormone-sensitive prostate adenocarcinoma (mHSPC). Prostate biopsy was performed under hospital conditions with FXIII concentrate administration, but complicated with mild macrohematuria. The patient was initiated on combined androgen deprivation therapy (ADT) and androgen receptor-targeted therapy (ARTA). Additional FXIII concentrate therapy was not required.
CONCLUSION: Acquired FXIII deficiency is now reported for the first time as a paraneoplastic symptom of prostate carcinoma. FXIII deficiency should be suspected in cases of bleeding symptoms with normal PT and APTT values. The deficiency can be managed through replacement therapy using FXIII concentrate, as demonstrated in this case.

KEYWORDS: Factor XIII; Prostate; Adenocarcinoma; Paraneoplastic Syndromes