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Haemophilia in the Indian Scenario

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ABSTRACT Deficiency of clotting factors VIII and IX leads to haemohphilia A and B both inherited as sex-linked recessive pattern. There are significant variations of genetic make up in ethnic population of India as well as clinical variants of haemophilia A and B and may form crippling deformities due to bleeding at different sites if not treated early. In view of their rarity due to lack of awareness and non availability of high cost factor replacement, management of haemophilia is a problem in India. Moreover, the prevention of haemophilic birth is limited due to absence of facilities of detection of carriers of haemophilics and prenatal diagnosis. The use of factor VIII and factor IX prepared from human plasma for treatment leads to tranamissible viral infection (HBV, HCV, HIV) so common in India. The absence of factors from ãDNA technology limits the prophylaxis and curative treatment.