

Paroxysmal Nocturnal Hemoglobinuria

Until some 15 years ago there were essentially two treatment options for PNH: either allogeneic BMT, providing a definitive cure at the cost of nonnegligible risks; or continued supportive treatment for what, unlike other acquired HAs, may be a lifelong condition. A major advance has been the introduction in 2007 of a humanized monoclonal antibody, eculizumab, which binds to the complement component C5 near the site that, when cleaved, will trigger the distal part of the complement cascade leading to formation of the MAC. With C5 blocked by anti-C5, the patient is relieved of intravascular hemolysis and of its attendant consequences, including hemoglobinuria; with a substantial decrease in the rate of thrombosis. In the majority of those patients who needed regular blood transfusion, the transfusion requirement is either abolished or significantly reduced. For many PNH patients, eculizumab has meant a real improvement in the quality of life, as well as a decrease in complications, particularly thrombosis. At the same time, it is important to know that in patients on eculizumab the PNH red cells, now protected from being lysed through the MAC, do still bind C3 fragments and thus become opsonized. Therefore, hemolysis continues, but it is now extravascular. The extent to which this happens depends in part on a genetic polymorphism of the complement receptor CR1. Those patients who, on eculizumab, are still receiving blood transfusion are at risk of iron overload. Based on its half-life, eculizumab must be administered intravenously every 14 days. Ravulizumab, a long-lived anti-C5 derivative of eculizumab, is administered at 8-week rather than 2-week intervals: it provides similar benefit with obvious practical advantage.

Eculizumab and ravulizumab are very expensive and for this reason not accessible to patients in many parts of the world. Therefore, the management of PNH by supportive treatment is still very important. Folic acid supplements (at least 3 mg/d) are mandatory; the serum iron should be checked periodically, and iron supplements should be administered as appropriate. Transfusion of white cell-free red cells should be used whenever necessary, which,