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Clinical profiles of Malagasy hemophiliac patients with iliopsoas hematoma in the Surgical Intensive Care Unit

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Introduction and objective

The psoas muscle is a fairly common site of spontaneous hematoma in patients with hemophilia. Complications related to the hematoma, including pain and ureteral compression syndrome with hydronephrosis, need urgent care.

This study aimed to describe the clinical aspects of the iliopsoas hematoma through a serial cases of patients with haemophilia in Madagascar.

Materials and methods

It is a prospective describing study during one year from February 2015 to January 2016 in the surgical intensive care unit about heamophiliac patients. Were included all hemophiliac patients admitted in the unit with iliopsoas hematoma. Age, hemophilia type, clinical signs, medical imaging results, treatment and outcome were studied.

Results

Seven Malagasy hemophiliac patients with iliopsoas hematoma were admitted in the surgical intensive care unit. The average age was 17 years. Four out of them were with hemophilia A and three with hemophilia B.

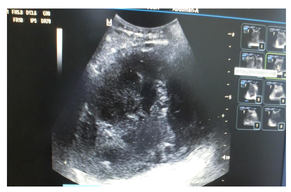

Fig 1. Pelvi abdominal ultrasonography (patient n°3)

Four patients had right and three others left located hematoma

Two of them exercised a second episode of iliopsoas hematoma.

They had different clinical presentations such as pain in the iliac fossa with irradiation in the thigh for all of them, psoïtis for four of them.

The pelvic abdominal ultrasound confirmed the presence of hematoma in the iliopsoas muscle (Fig 1). All of them were supported by concentrate factor VIII or factor IX perfusion. Three patients out of seven got erythrocyte unit to correct anemia. One patient had a hydronephrosis on the left kidney with ureteral compression requiring emergency surgery to evacuate the hematoma. The outcome was favorable for all patients with reduction of the hematoma after an average of 7 days apart from one patient who developed factor VIII inhibitors requiring 23 days of hospitalization.

Conclusion

Hemorrhage iliopsoas muscle is not rare in patients with hemophilia. Studies have shown that patients with hemophilia A with factor VIII deficiency are predisposed to this type of hemorrhage but cases in Malagasy hemophilia B is also described in this study. The most frequently found complications include nerve compression causing pain syndrome. The hydronephrosis compression is rare but serious requiring prompt management. The indication for surgery is rarely required and treatment is based on the replacement factor and prevention of recurrence.

References

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