

Osteotomy in Pediatric Patients with Hemophilia

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OBJECTIVES

Present the experience with the use of femoral osteotomy in inverted "V" for the correction of flexion deformities in of the knee.

Distal metaphyseal osteotomy with a wide contact surface and a minimal internal fixation.



METHODS

A total of 8 patients diagnosed with knee flexion contracture, carriers of severe haemophilia A, treated between 2006 and 2010, were examined.

The averaged age was 11 years (8 – 15 years). They presented knee flexion contracture between 40 y 70 (5 cases: 40-50 , 2 cases 51 - 60 , 1 case: 70).

All had pain in active-passive mobility and gait.. The number of haemarthrosis was 13.5 veces per year (12 to 15 times per year). A patient with high response inhibitors.

In the eight cases (5 right sided and 3 left sided) were trated with inverted "V" distal femoral osteotomy. The internal fixation was with crossed Steinmann wire and external immobilization with long cast and previous factor VIII administration that was also administrated postoperatively for 3 weeks in average.

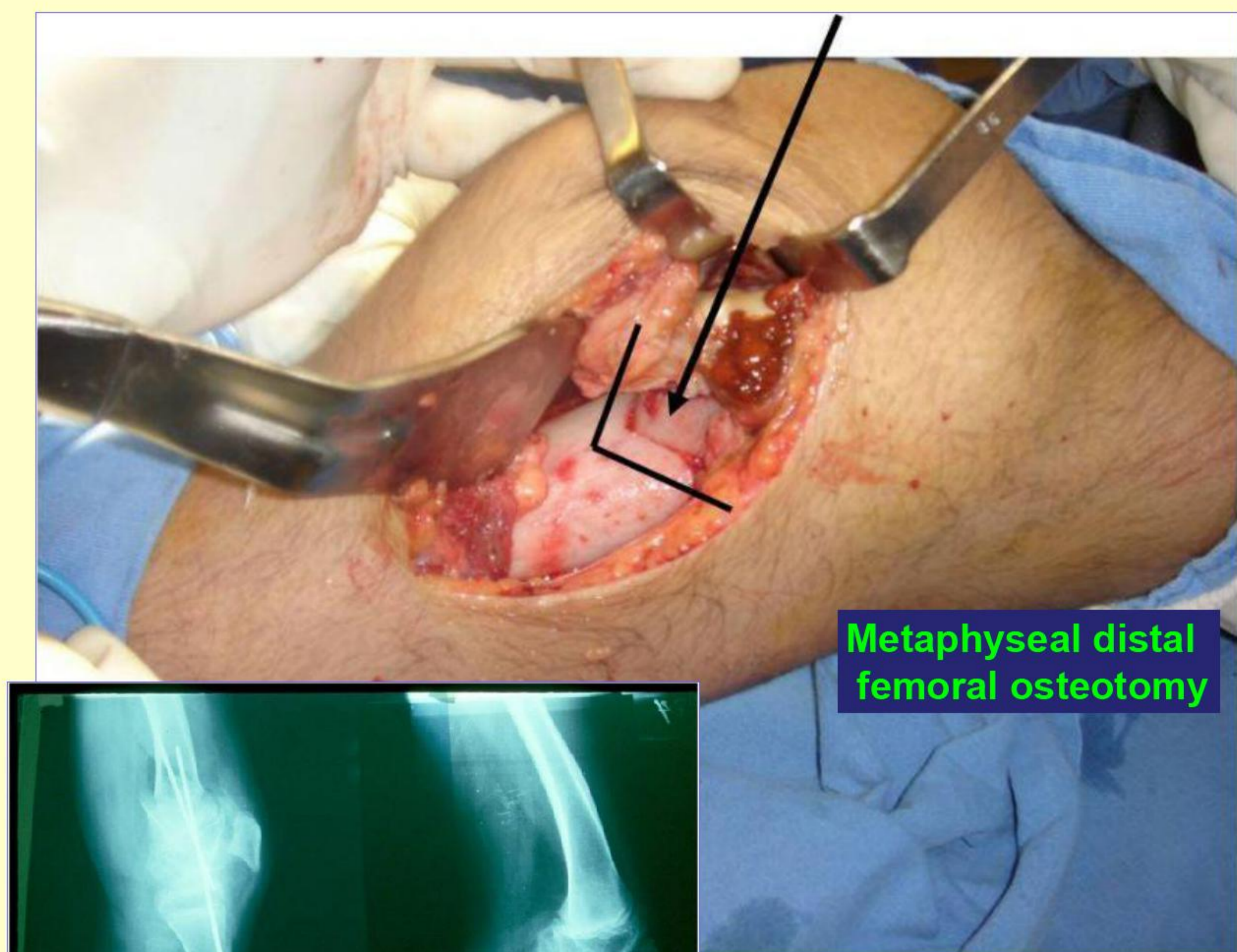
The patient on inhibitors was treated with FEIBA.

RESULTS

The bone healing was achieved in an average of 9.1 weeks (8 – 10 weeks). The follow-up was in average 2.8 years (4 maximum and 1 minimum). Postoperatively were sent to physical medicine for muscle strengthening and gait training.

The extention was achieved in 100% of the cases. The average active motion was 80 (60 to 100). No patient had pain at the movility and gait.

The average number of haemarthrosis was of 1.7 per year (1 to 3 times per year).



CONCLUSIONS

The inverted "V" osteotomy is very stable and easy to perform. Requires minimal internal fixation that is removed at the time of removal the external immobilization. Useful in scarce resource-countries, because their requirements are minimal.

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