Osteochondral lesions of the ankle joint in patients with hemophilia A. A retrospective case series.

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Introduction

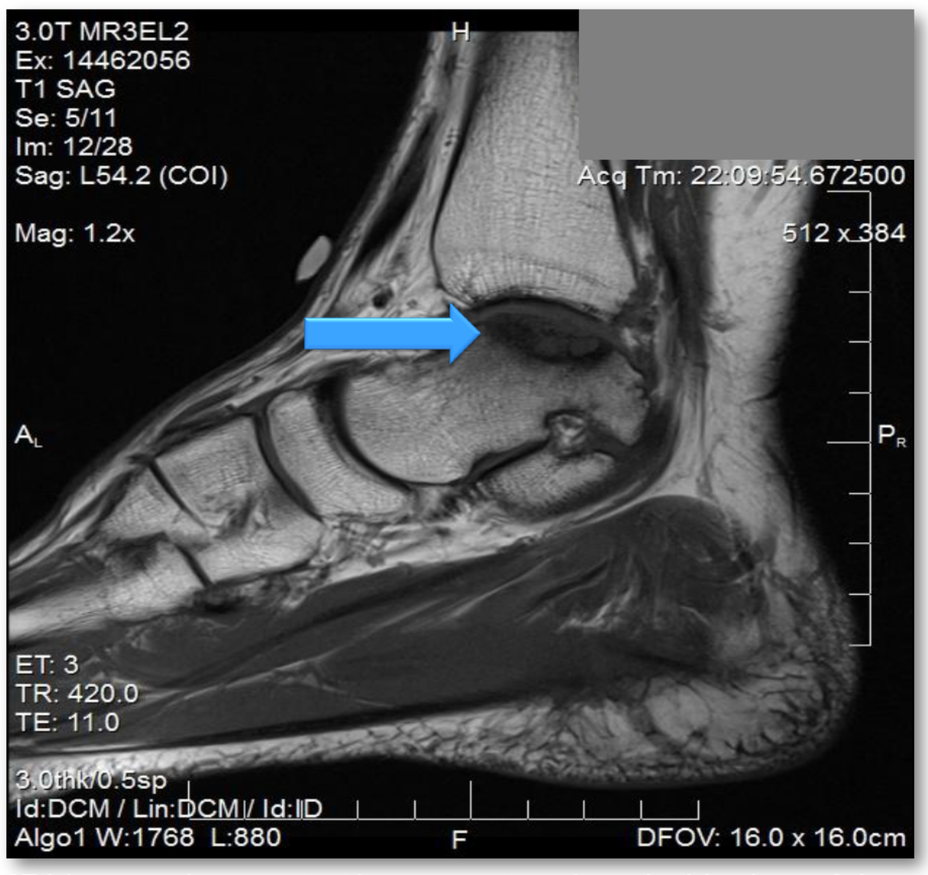
Despite the early use of prophylaxis, arthropathy remains an issue for some persons with hemophilia.[1] Research has demonstrated a shift in the pattern of joint bleeding with the ankle replacing the knee as the most frequently affected joint.[1,2]

Methods

This retrospective case series included patients who met the following: age of 25 years or younger; moderate/severe hemophilia A; prescribed prophylaxis; patient at a Canadian Hemophilia Treatment Centre since birth and currently followed by the Hamilton-Niagara Regional Hemophilia Program at McMaster University Medical Centre.

Results

41 patients met the inclusion criteria. Of that cohort 5 patients (12%) had complaints of ankle pain and had a recent (within 2 years) CT Scan/MRI of the ankle. For these 5 patients, age (mean +/- SD) was 18.4 +/-4.1, range 15-25 years, Modified Hemophilia Joint Health Score (MHJHS) was 6.6 +/- 7.4, range 0-16 for the total score and 6.2 +/-6.8, range 0-14 for the ankle component with higher scores indicating more joint damage (max = 106 total score, max = 34 ankle). Only one of the five patients demonstrated positive physical findings in a joint other than the ankle. One of the five patients studied had a total MHJHS and ankle component of zero indicating no joint changes. 40% (2/5) of patients had no history of ankle joint bleeding. 100% of the cases complained of ankle pain and CT Scan/MRI demonstrated multifocal osteochondral lesions in the ankle joint.



MRI image demonstrating an osteochondral lesion of the talus.

Conclusions

This case series of patients with moderate/severe hemophilia A support the notion that patterns of bleeding are changing and prophylaxis appears to be able to prevent arthropathy in the elbow and knee but less in the ankle. The total MHJHS is not sensitive to detect individual joint pathology. The use of a joint specific score over time and pain assessment may be more relevant and sensitive when assessing joint status. Furthermore, a lack of documented bleeding episodes does not rule out the possibility of significant arthropathy. In conclusion, total joint score alone does not adequately assess individual joint status.

References

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