

Radiosynovectomy in Chronic Recurrent Haemophilic Haemarthrosis: The NorthEast Experience.

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INTRODUCTION

Radiosynovectomy is used to manage recurrent haemarthrosis in patients with haemophilia. The primary aim of this study was to observe the effectiveness of radiosynovectomy in reducing the incidence haemarthrosis in target joints. The secondary aims were to assess benefit in pain reduction, joint movement, and duration of improvement, and to record any complications related to the procedure.

Material and Methods

We performed 24 radiosynovectomies in 14 patients with recurrent haemarthroses. Intra-articular injection with Yttrium(3) or Rhenium(21) was performed under local or general anaesthetic. All the patients were males with an age range from 8 to 37 years (median 17). Twelve patients had haemophilia-A and two had haemophilia-B. Thirteen patients had severe haemophilia and one had mild disease. Twelve of the patients were receiving alternate to twice weekly prophylaxis of factor replacement. Two patients had circulating inhibitors. One of the patients had ankle arthrodesis two years after the radiosynovectomy.

RESULTS

The rate of bleeding episodes in the target joint was 8.3 per person per year prior to the radiosynovectomy. This reduced by 70% to 2.75 per person per year after treatment, which was maintained up to five years later (2.5 per person per year) (Fig. no. 1). Improvement in elbow extension (20 degrees) and flexion (6 degrees) was observed. Similarly improvement was found in ankle plantar flexion (5 degrees) and dorsiflexion (7 degrees). Two patients had repeat radiosynovectomy at 1 and 3 years, and adequate reduction in bleeding rate was achieved. One patient had ankle arthrodesis for painful advanced degenerative changes two years after radiosynovectomy. No complications of radiosynovectomy were observed in this study.

RESULTS

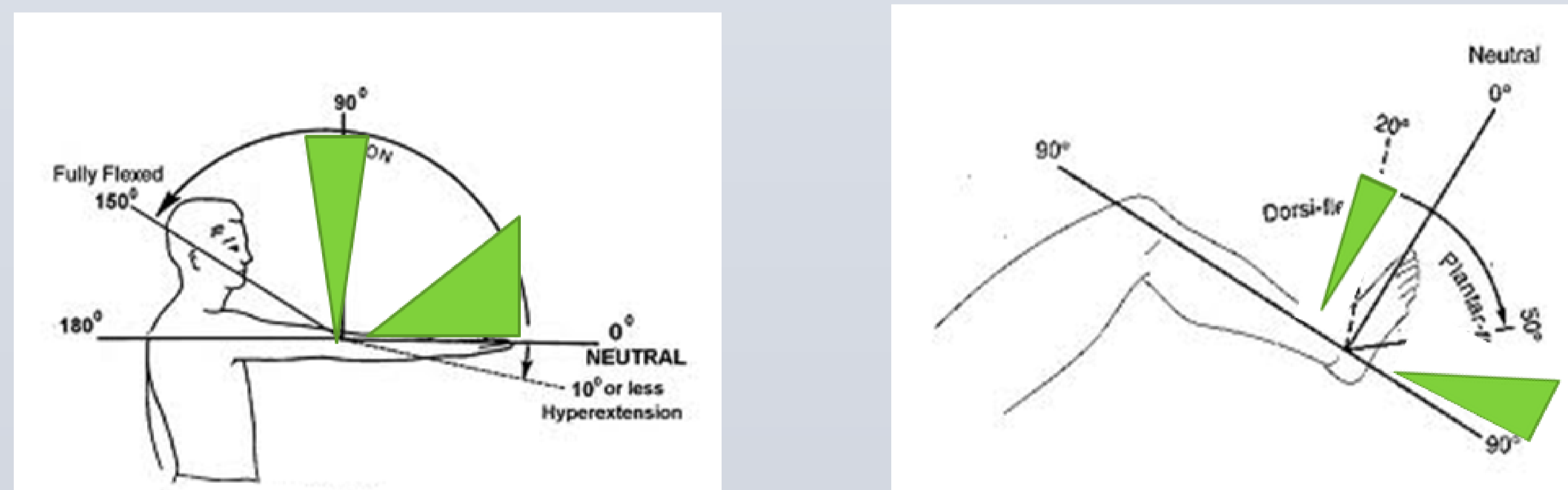


Fig. no. 1 Improvement in the elbow and ankle range of movements following radiosynovectomy.

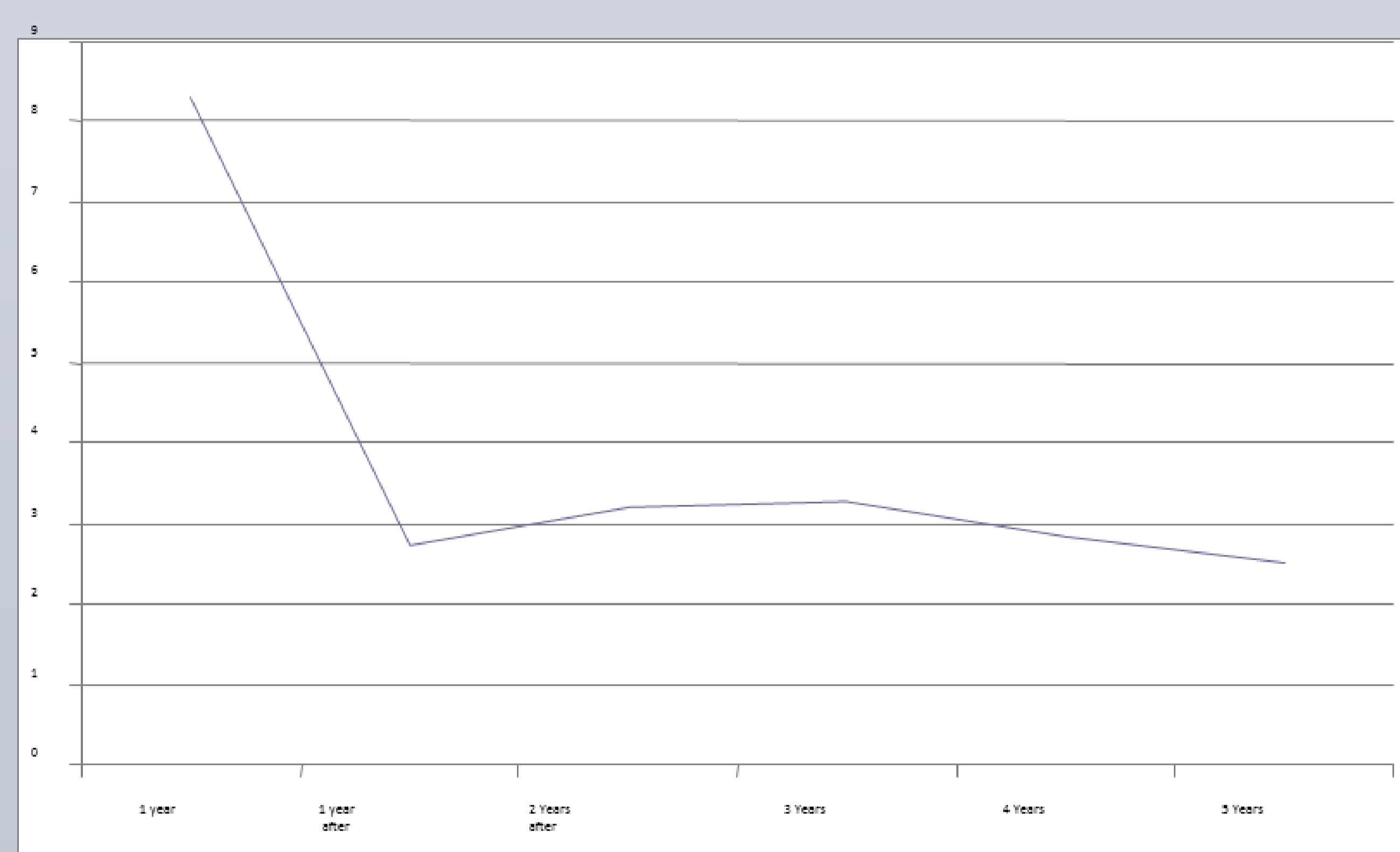


Fig.no. 2 Average rate of target joint haemarthrosis per person per year, before and after the radiosynovectomy.

CONCLUSIONS

Radiosynovectomy appears to be a safe and effective procedure in the management of recurrent episodes of joint bleeding in haemophilia. There was a reduced need for therapeutic factor replacement. Patients in this series had seventy percent (70%) reduction in the hemarthrosis episodes following radiosynovectomy that is the same as reported in other series. Treatment is also associated with a reduction in joint pain and improved joint function. Longer term benefits in terms of joint preservation remain to be demonstrated, but the short term benefits justify continuation of radiosynovectomy as a management option for the target joint in haemophilia.

References

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