

Compartment Syndrome in an Undiagnosed Adolescent with Mild Hemophilia A: Urgent Need for a Collaborative Team Approach for Short and Long Term Care

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1. INTRODUCTION

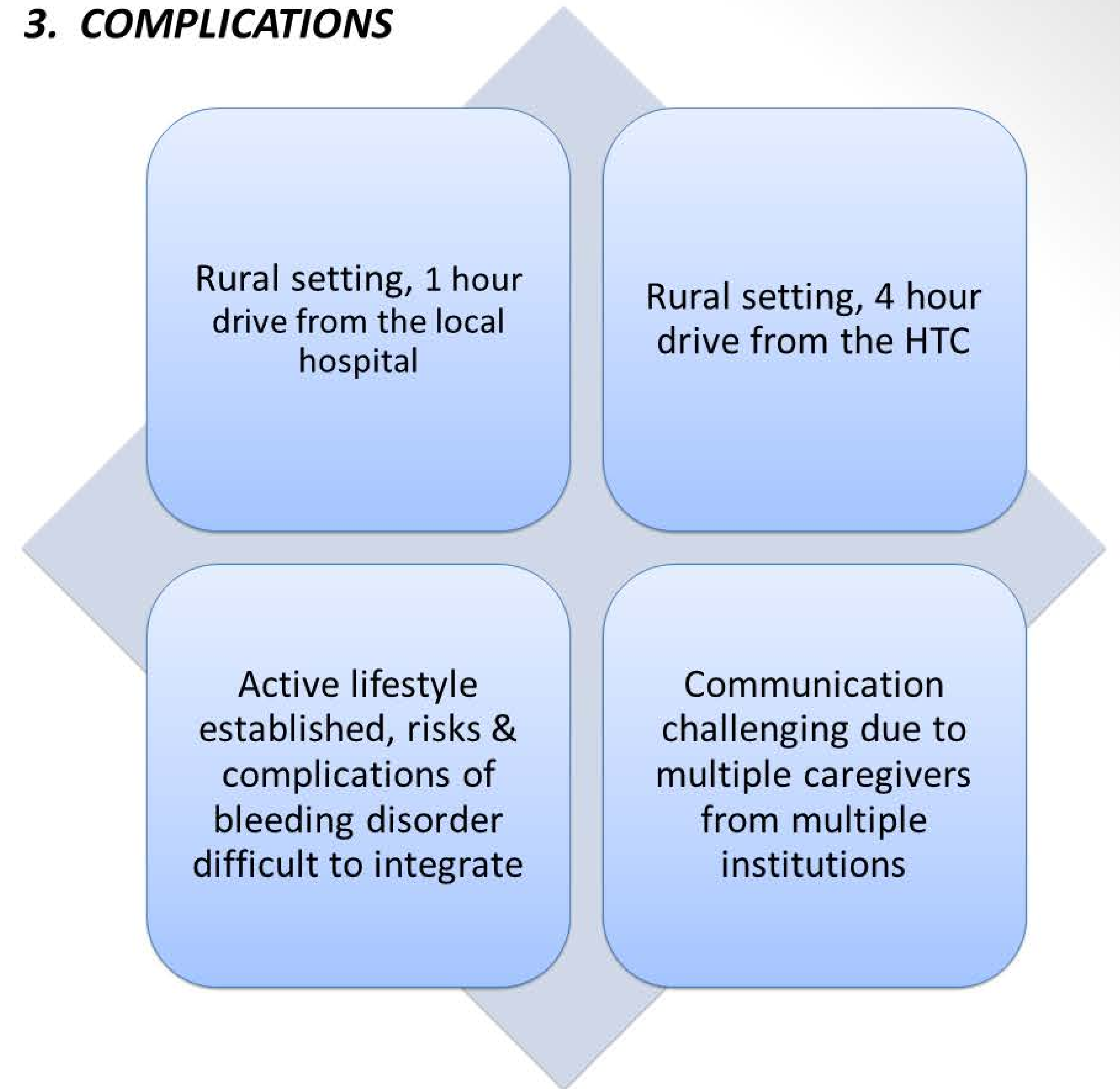
- Diagnosis of mild Hemophilia A may not occur until late adolescence or into adulthood
- Education of the patient and family can be challenging, especially in rural settings far from a Hemophilia Treatment Centre (HTC)
- With lifestyles established, risks and consequences can be difficult to integrate, especially for active, athletic young men
- We present the story of such a young man who unfortunately learned his lesson the hard way
- His story highlights the need for a collaborative care approach with strong communication, education and support at multiple levels.

2. THE CASE

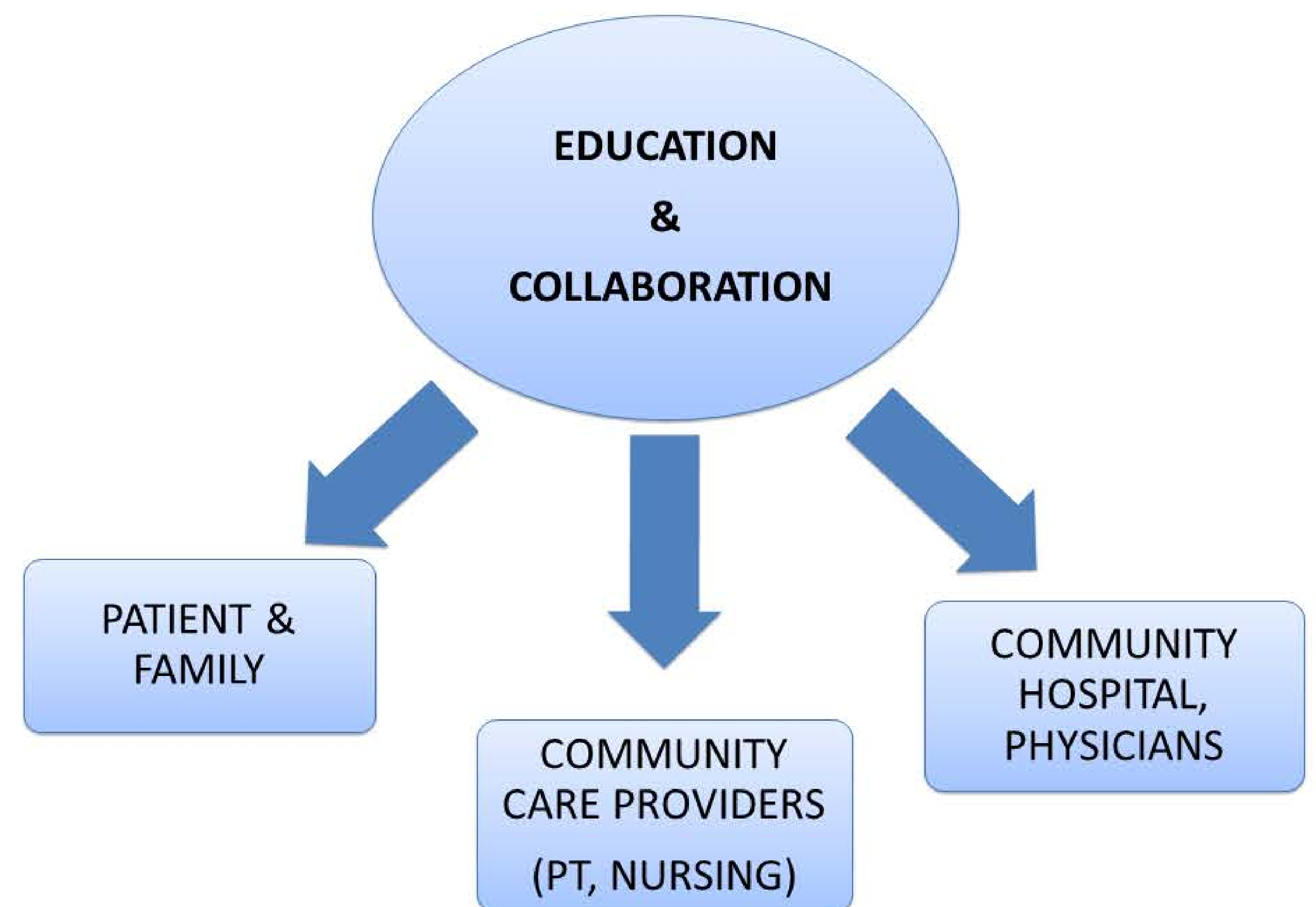
The Person	<ul style="list-style-type: none"> • Healthy, athletic 16 y.o. male • High impact sports: american football, hockey, lacrosse • Entrepreneurial, part-time physical labour work
The Injury	<ul style="list-style-type: none"> • Football injury – blunt trauma to the thigh • Left thigh compartment syndrome • To local ER 24 hours post-injury
The Fasciotomy	<ul style="list-style-type: none"> • Emergency surgery • Life threatening bleeding post-op • Transferred via air ambulance to tertiary care hospital with HTC
The Diagnosis	<ul style="list-style-type: none"> • Mild Factor VIII deficiency • Treatment, closure of wound, hemophilia education and physiotherapy
The Discharge	<ul style="list-style-type: none"> • Home 1 week post-wound closure with continued factor replacement • HTC follow-up appointment and community PT organized with PT-to-PT communication and education re: hemophilia care protocol
The 2nd Injury	<ul style="list-style-type: none"> • Slipped and fell while working outside one month after initial injury • Presented to local ER - left quadriceps tendon rupture identified
The Surgical Repair	<ul style="list-style-type: none"> • Operated on at the local hospital • Transferred to HTC post-op at the urging of HTC for factor replacement & monitoring
Recovery	<ul style="list-style-type: none"> • PT rehab started in hospital with tracker brace, quadriceps tendon repair protocol • ++ hemophilia education
Home Again	<ul style="list-style-type: none"> • 5 days post-op repair • Ongoing rehab and HTC follow-up



3. COMPLICATIONS



4. IMPLICATIONS FOR PRACTICE



5. OUTCOMES

- Increased patient & family awareness and adherence
- Positive communication links between community PT and HTC/BDP PT
- BDP team visit to local hospital to present at Grand Rounds, increasing awareness and communication links
- Catalyst to launch semi-annual joint paediatric BDP/orthopaedic clinic
- Additional affected family members covering 5 generations identified

6. CONCLUSION

Education and communication are important components of hemophilia care following diagnosis. For the young, athletic males diagnosed with mild hemophilia A in late adolescence, it is critical for the HTC team to collaborate with and educate the community care professionals (local hospital, physicians, physiotherapist), as well as to educate and support the patient and family to optimize care.

