Multi modalities for pseudotumour treatment in a severe haemophilia B patient with inhibitors.

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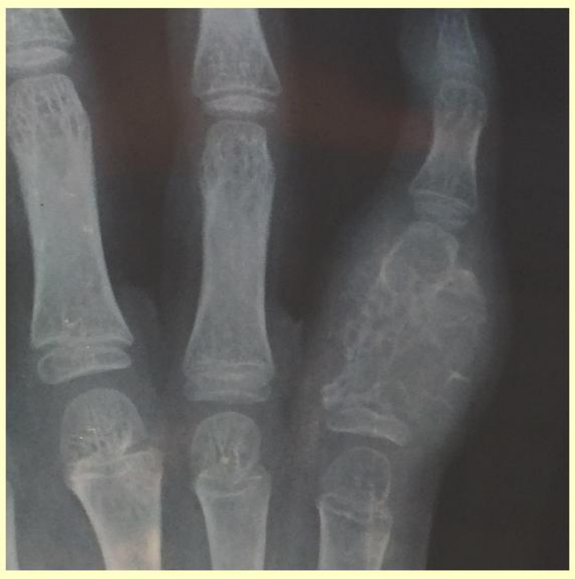
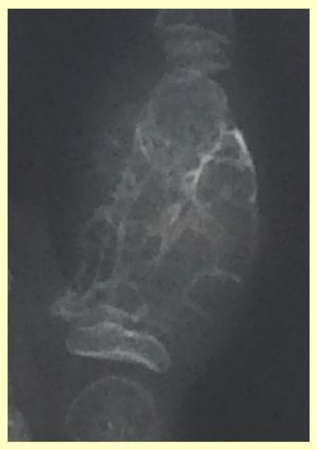
INTRODUCTION

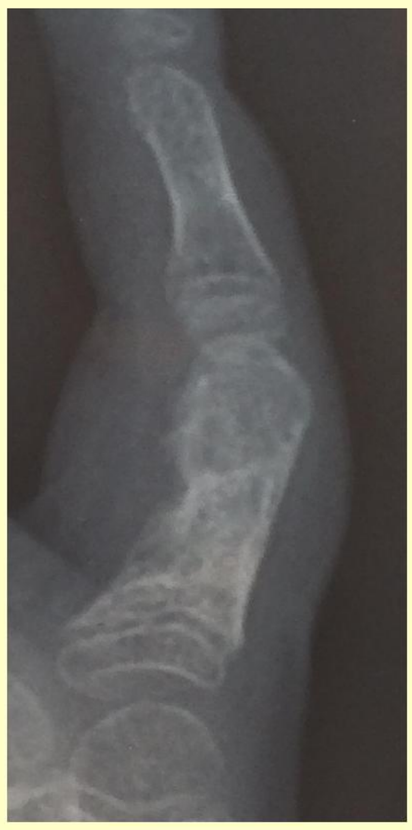
Pseudotumour is serious but rare complication in haemophilia and has been observed in 1-2 % of cases with severe haemophilia A and B. It consist of encapsulated blood collection, witch appears in soft tissue, perosteum and bone tissues, and grows due to recurrent haemorrhage and the consequent pressure in its interior. Most of literature agrees on excision as the only curative treatment

DESCRIPTION

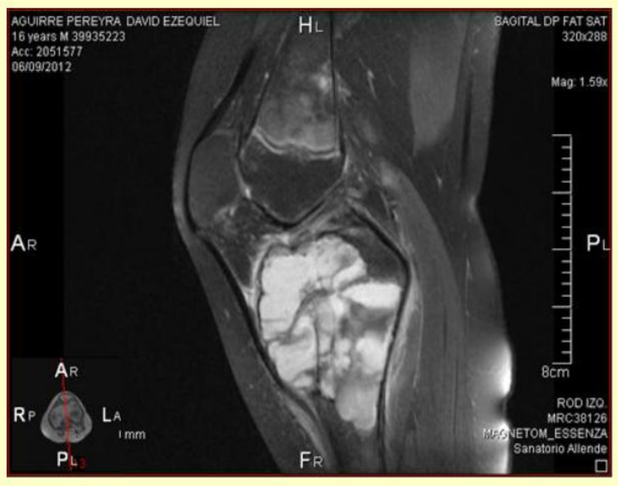
We report a case of a 17-year-old patient with severe B haemophilia with inhibitors, who suffered, in 2006, left little finger pseodotumour. The bone defect was treated with Tisucol® and oral calcium D vitamin with successful approach.

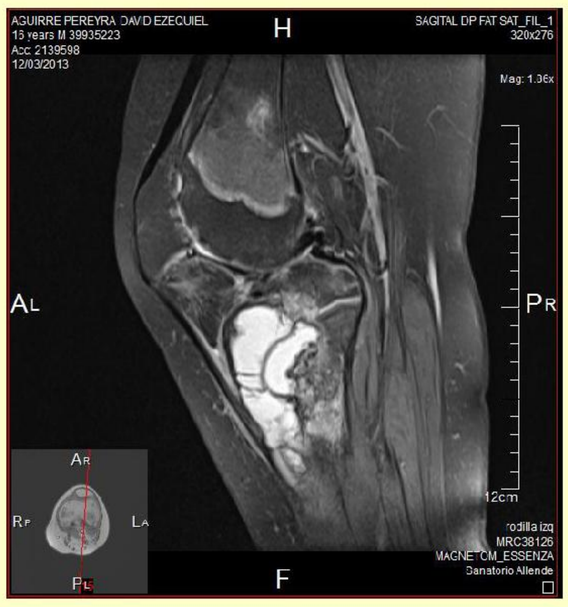


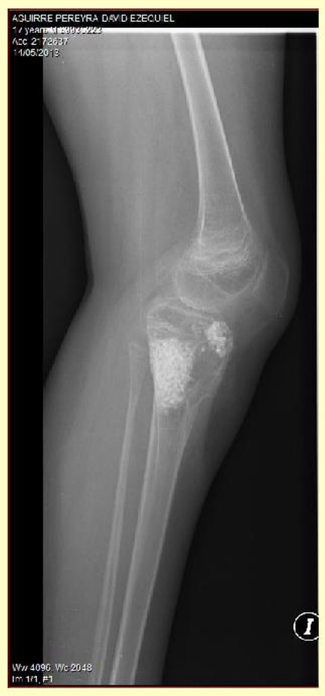


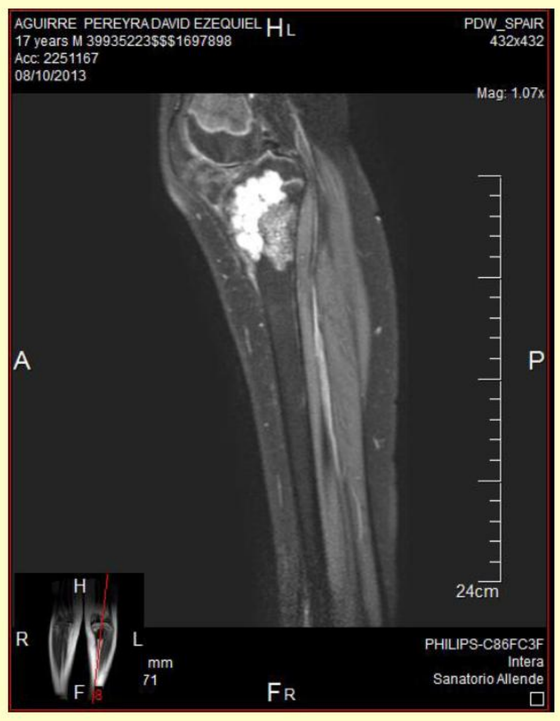


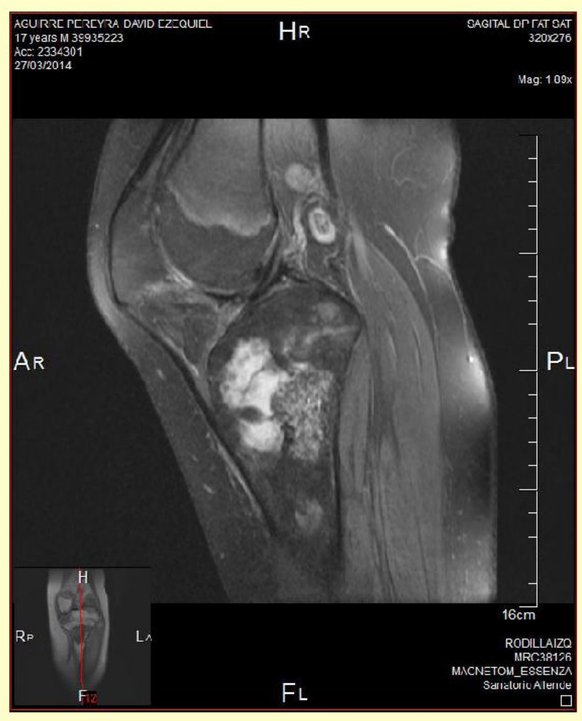
In 2010, present proximal tibial diaphysis pseudotumour, diagnosed by MRI. Surgical excision and filling with calcium-phosphate cement granules was done. In 2012, MRI showed increasing bony erosion of tibial bone and was done the same Surgical procedure. In 2013, after there is no improvement, the patient underwent daily external radiotherapy with 2 Gy per treatment for 15 days for total 30 Gy on a Lineal Accelerator using 6 mV photons in a attempt to induce endarteritis, fibrosis and calcification. All the treatments were done in combination with FVII ar replacement without haemorrhage complication. Actually, the patient is in prophylaxis with FVIIar three times a week. There is no standard approach to treatment of pseudotumours.











CONCLUSIONS

There is no standard approach to treatment of pseudotumours. The modality in each patient depends on the size of pseudotumour, site of involment and the presence of inhibitors.

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