



## LONG TERM EVALUATION OF SYNOVECTOMY AND SYNOVIORTHESIS ON THE EVOLUTION OF JOINT DAMAGE: WHAT'S HAPPENED AFTER 30 YEARS FOLLOW UP?

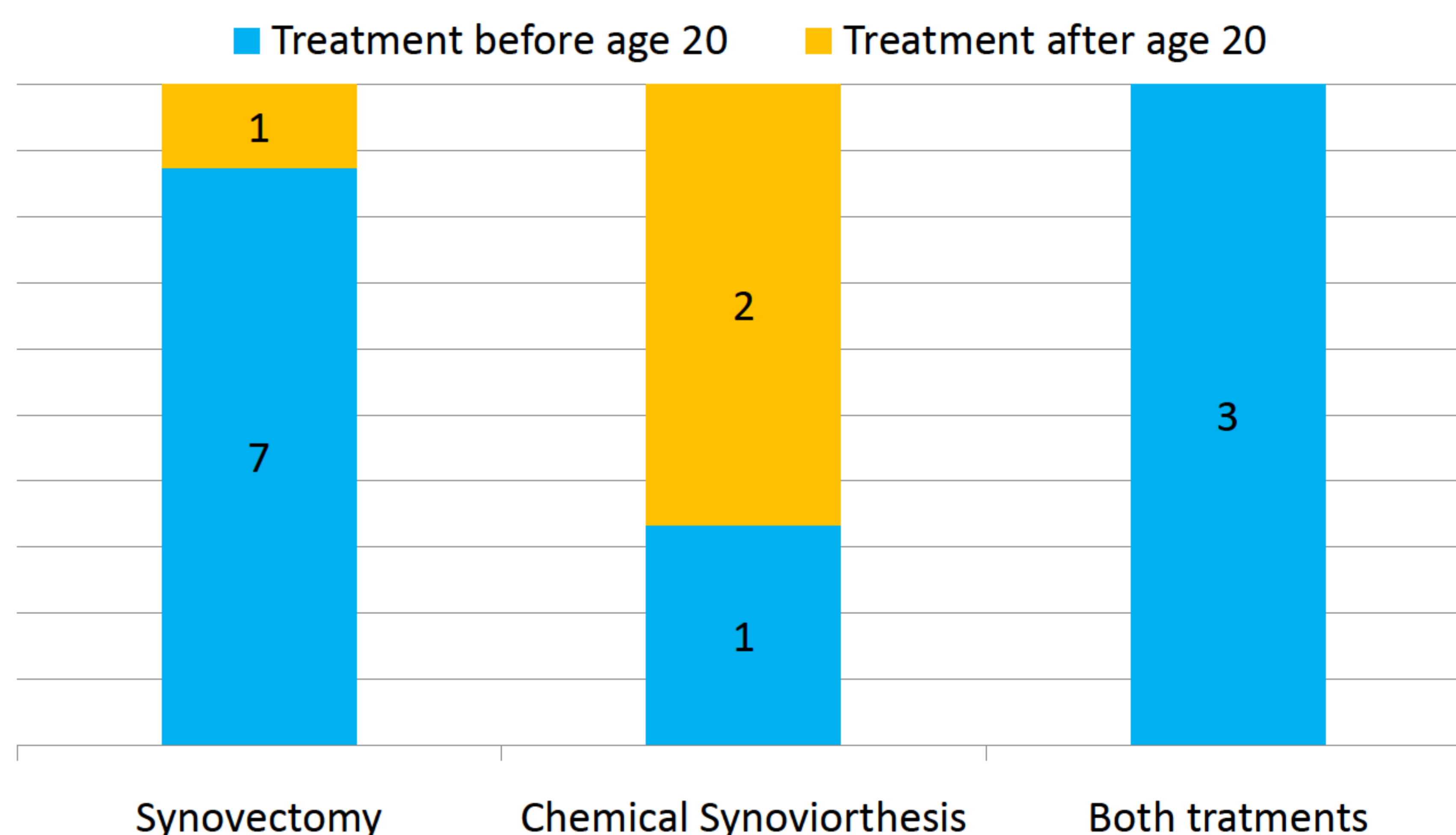
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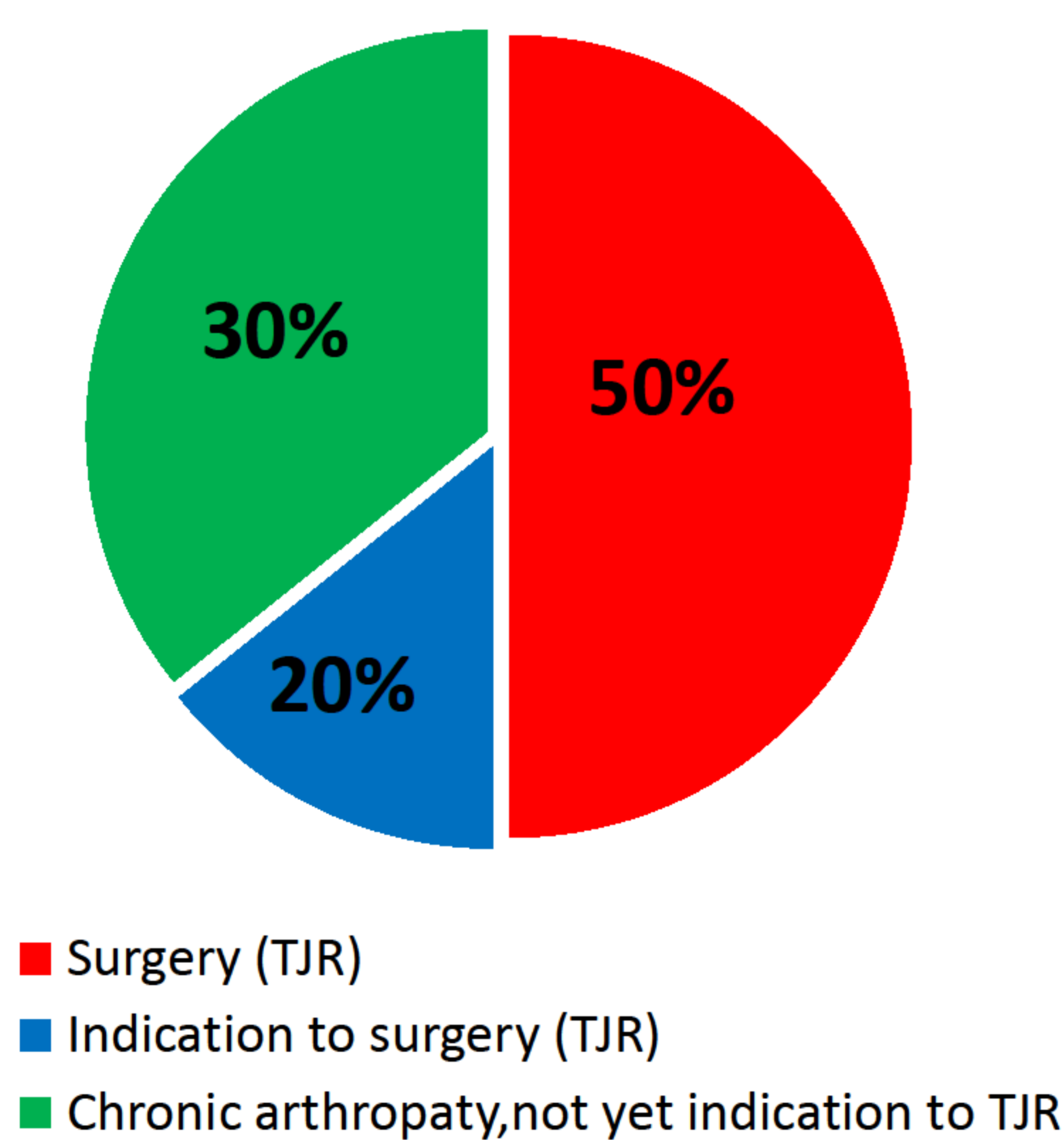
**Background:** during '70s new therapeutic approaches were introduced for the treatment of hemophilic hemarthrosis. Eliminating the site of intra-articular bleeding synovectomy and chemical synoviorthesis (CS) could resolve recurrent bleedings and possibly prevent the development of chronic arthropathy.

**Patients:** we consider 14 patients affected by hemophilia A or B, 12 with severe disease and 2 with moderate disease, aged between 42 and 68 yrs (mean age 55 yrs). 8 pts were treated exclusively with synovectomy (of this 7 treated before age 20 and 1 after), 3 pts exclusively with CS (1 treated before age 20 and 2 after) and 3 pts with both treatments before age 20.

**Aim of study:** to evaluate, through 30 years follow-up, the progression of hemophilic arthropathy and the frequency of total joint replacement (TJR) in patients previously treated with synovectomy or CS with osmic acid for recurrent hemarthrosis in knee or ankle.



30 years follow up



**Results:** at the time of observation all the patients have developed severe hemophilic arthropathy. 7 pts were treated with TJR of knee and 5 of these need a bilateral knee TJR. 3 patients have refused TJR although there were clinical indications. 2 pts died for causes unrelated to hemophilia before surgical indications. **All the joints replaced have been previously treated with synovectomy or CS.** All the patients non subjected to TJR identified as **target joint of chronic arthropathy those joints treated with synovectomy or CS.**

**CONCLUSIONS:** although synovectomy and CS are still considered, in development countries, efficient techniques of haemostasis for their ability to reduce number of bleedings in short term follow up, they are not able in long term to prevent the development of severe hemophilic arthropathy and the need of TJR.

