

Low-dose prophylaxis for Chinese hemophilia children involving maxillary hemophilic pseudotumors

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Background:

The incident of hemophilic pseudotumor in patients with hemophilia is estimated to be 1-2%, 5~10% among them occurring in maxilla. Patients with maxillary hemophilic pseudotumor often visit to dental clinics with complaints of orofacial swelling and/or gingival bleeding and most of them were misdiagnosed to be malignant tumors, then being underwent repeated biopsies and invasive surgeries those are harmful to children's craniofacial upgrowth. Therefore, it is important to improve diagnostic accuracy and provide timely treatment.

Objectives:

Through the review of our patients with hemophilic pseudotumor involving maxilla who received Low-dose prophylaxis treatment, to get some experiences on the conservative treatment to the pseudotumors.

Method:

There were seven cases of maxillary hemophilic pseudotumor at our hospital during 2006~2013, with 6 cases of hemophilia A and 1 case of hemophilia B. We retrospectively analyzed patients' medical histories, physical examinations and laboratory and image information. We treated the patients with replacement therapy, most of them we choosed the low-dose prophylaxis (10-20u/kg, QW), six patients' swelling and pain subsided and one patient underwent surgery without replacement therapy. And then we observed the evolution of replacement treatment, clinical and image observations.

Results

Diagnosis: Five patients initially presented at other hospitals were misdiagnosed as malignant tumors, so the oral surgeons should know some knowledge of the bleeding disorder and maxillary hemophilic pseudotumors to give the correct diagnosis.

After short-term (3-6months) low-dose prophylaxis, recovery rate was 86% patients (assessed by clinicians and radiologists). Therefore, radiographic findings should not be used in short time as a standard for judging the useful of replacement treatment

Graphs and tables

Age (month)	Diagnosis	Concentration of the factor	Position	Diagnosis of hemophilia Before	Replacement time and other treatment	Frequency of the treatment	Result	
1	14	HB	2%	Left maxillary	no	Replacement 2 month and operation	QW	No recurrence
2	21	HA	5%	Left maxillary	no	Replacement 6 month	QW	No recurrence
3	36	HA	1.50%	Left maxillary	no	Replacement 2 years	QW	No recurrence
4	13	HA	3.50%	Left maxillary	no	Replacement 4 month	QW	No recurrence
5	17	HA	13%	Left maxillary	yes	Replacement 2 month	QW	No recurrence
6	13	HA	7%	Left maxillary	no	Replacement 1 time	ST	No recurrence
7	18	HA	1%	Left maxillary	no	Replacement 1 week	QD	No recurrence

Conclusion

The oral surgeons should know more about hemophilic pseudotumors, low-dose prophylaxis will be prescribed for pediatric patients because of its clinical success, non-invasive and effective for the hemophilic pseudotumors involving the maxilla.

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