ILIOPSOAS HAEMATOMA IN PATIENTS WITH HEMOPHILIA: A SINGLE- CENTER STUDY

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INTRODUCTION

The haematoma of the iliopsoas muscle is a frequent complication in patients with haemophilia, potentially fatal and associated with significant morbidity.

Its clinical appearance is characterized by lower abdominal and groin pain, thigh flexion, and symptoms of femoral nerve compression.

METHODS

A retrospective analysis of patients admitted in our institution with a diagnosis of iliopsoas haematoma between 2008 and 2012 has been done. All data belong to the period of hospitalization.

RESULTS

There were 64 events in 35 patients. 5 patients had high responding inhibitors. None was on prophylaxis. In 11 (17%) patients the haematoma was recurrent. The mean age was 22 (9-42). In 32% of cases, haematoma was associated with trauma or physical effort. At diagnosis all patients presented lower abdominal or groin pain, with thigh flexion. 67% had sensory symptoms in the thigh (cramps/hypoesthesia). An ultrasound study was performed in 19 events.

In patients without inhibitors replacement therapy was performed by continuous infusion for a mean of 6.6 days, with a mean dose of 1.7 IU / kg / h. Plasma factor (VIII/IX) recovery was 37% (20-97). Among 15 events in patients with inhibitors, 11 were treated with rFVIIa with a mean overall dose of 263 mg during hospitalization. The average hospital stay was 7 days. 81% achieved complete recovery (full extension of the thigh, no pain and normal gait) at discharge. 3 events required red blood cell transfusion.

In uni and multivariate models any variable was associated with probability of complete recovery.

CONCLUSIONS

Among patients who are not on prophylactic treatment the iliopsoas haematoma is a frequent event with possibility of recurrence. Replacement treatment by continuous infusion improves management with a high rate of quicker and complete recovery.

References

- Haemophilia 2005 Sep;11(5):463-7.
- Zhonghua Xue Ye Xue Za Zhi. 2012 May;33(5):406-8.
- Joint Bone Spine. 2007 Mar;74(2):179-83. Epub 2007 Feb 2.
- J Chir (Paris). 1997;134(9-10):382-9.

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