



# TABASQUEÑA DE HEMOFILIA A. C . VILLAHERMOSA TABASCO MÉXICO

## TREATMENT VACUUM-ASSISTED CLOSURE SYSTEM (VAC) IN A PATIENT WITH HEMOPHILIC PSEUDOTUMOR IN PELVIS

### A CASE REPORT

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#### INTRODUCTION

The hemophilic pseudotumor is a no common complication of hemophilia, occurring from 1% to 2% of cases. It is a hematoma, organized and encapsulated, chronic evolution, slow expansion, consists of blood products at various stages of evolution and a fibrous capsule containing hemosiderin-laden macrophages. This is lytic by nature; they have well-defined margins, and can be quite expansive.

The pseudotumor is an inherent condition hemophilia that may endanger life or limbs. The bones commonly affected are: the femur, pelvis, tibia and hand bones.

It is important to receive the proper treatment; otherwise the pseudotumor can reach a considerable size causing pressure on adjacent neurovascular structures and pathologic fractures. Likewise a fistula may appear in the skin that covers it.

The diagnostic consists of identifying a mass in the pelvis of the patient during the physical examination. By a Computed Tomography (CT scan) or Magnetic Resonance Imaging (MRI) may be found further detailed and accurate assessment of a pseudotumor. Image results include soft tissue mass with adjacent bone destruction.

The treatment depends on the size, location, growth rate and its effect on adjacent structures.

**Key words: Hemophilic pseudotumor, Embolization and Vacuum-Assisted Closure System (VAC)**

#### OBJECTIVE

Treating the hemophilic pseudotumor difficult surgical access through a minimally invasive procedure and using the VAC system, preventing major complications or death from bleeding.

#### METHOD AND MATERIAL

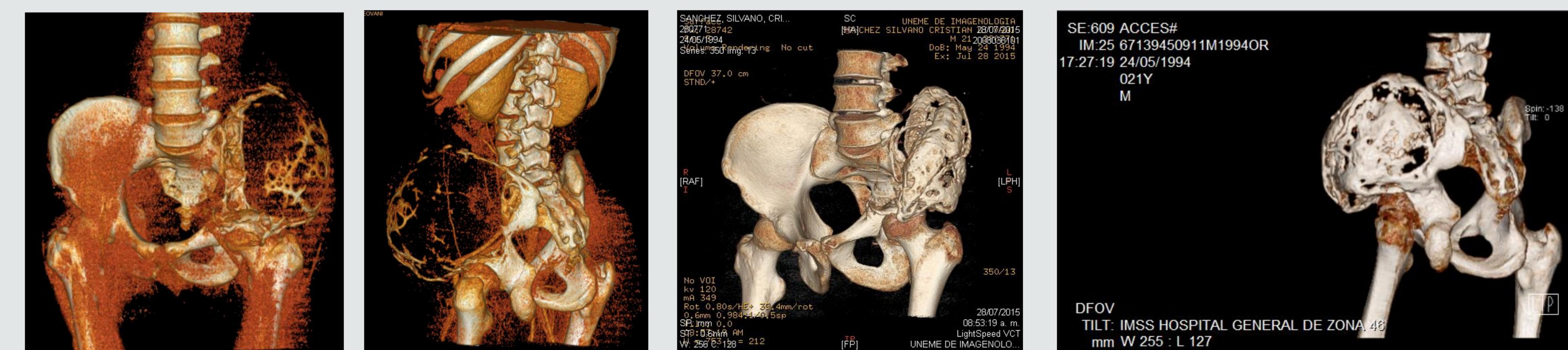
A 20 year-old male, with a diagnosis of hemophilic pseudotumor in pelvis at left iliac wing level, with total destruction and compression of the soft tissues was treated through radiotherapy, artery embolization that irrigates the pseudo membrane of the pseudotumor and the use of Vacuum-Assisted Closure System (VAC), between 120 to 150 mm of mercury.

Every 72 hours the VAC system and surgical cleaning was replaced. After repeating this action ten times, simple daily healing was done without the VAC system to close the wound by second intention.



#### RESULTS

After three months of treatment, there was a 50% bone reconstruction of the iliac wing and 80% after six months of treatment, due to these actions some lesions were avoided in vital organs and blood vessel.



#### CONCLUSION

To conclude, an effective alternative treatment for large hemophilic pseudotumor that prevents lesions to blood vessels and organs that could occur through the complete surgical resection is the implementation of the next procedures: The artery embolization that irrigates the pseudo membrane of the pseudotumor, the aspiration by minimally-invasive procedure and the use of **Vacuum-Assisted Closure System (VAC)**. The procedures allow the osteogenesis of the iliac bone.

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