UC San Diego Health

Efficacy and Safety of Point-Of-Care Ultrasound-Guided Intra-Articular Corticosteroid Joint Injections in Patients with Hemophilic Arthropathy

Emily Martin¹, Esther Cooke^{1,2}, Arnold Ceponis³, RichardBarnes¹, Colleen Moran¹, Sally Holle¹, Tudor Hughes⁴, Randy Moore⁵, Annette von Drygalski^{1,2} ¹University of California, San Diego (UCSD), Department of Medicine, Division of Hematology/Oncology; ²The Scripps Research Institute, Department of Molecular and Experimental Medicine; ³UCSD, Department of Medicine, Division of Rheumatology, Allergy, and Immunology, 4UCSD, Department of Radiology, UCSD; 5General Musculoskeletal Imaging Inc.

Introduction

- Hemophilic arthropathy is a major cause of morbidity among patients with hemophilia
- Intra-articular corticosteroids are widely used to treat joint pain in patients with other arthritic conditions
- However, intra-articular administration of corticosteroids in hemophilic arthropathy is rare
- Reasons may be reservations to advance needles into complicated joints

Objectives

To evaluate the efficacy and safety of ultrasoundguided corticosteroid injections for pain relief in patients with hemophilic arthropathy

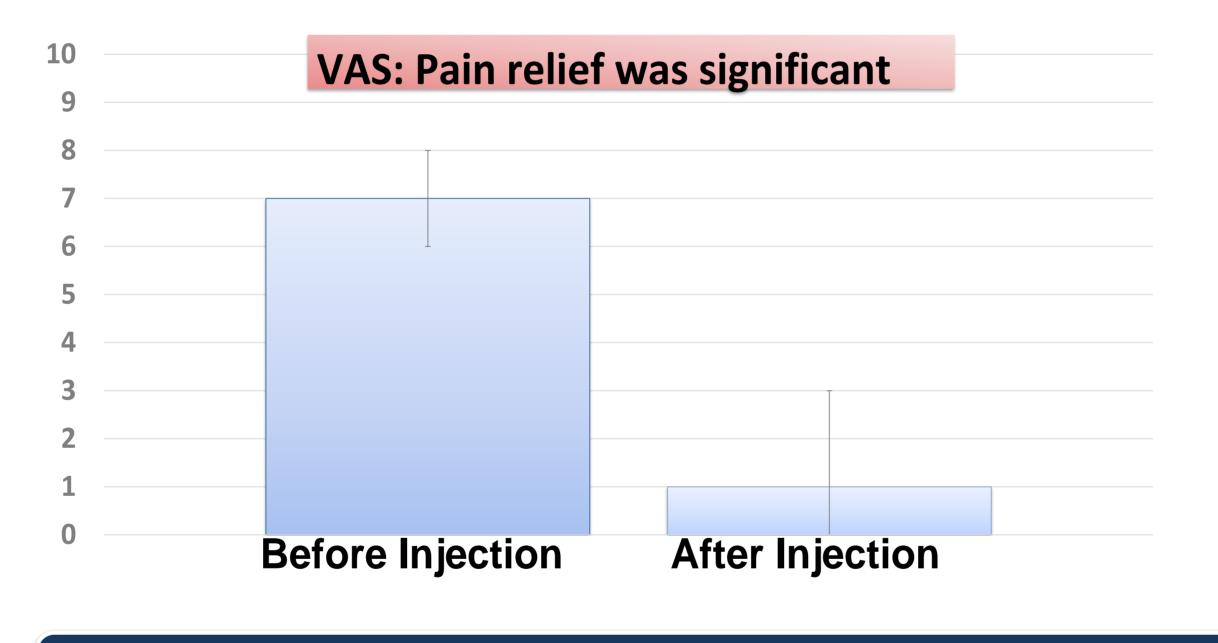
Methods

- All ultrasound-guided intra-articular injections in patients with hemophilia performed at the Hemophilia or Rheumatology Clinics at UCSD between 03/2012 and 02/2016 were analyzed
- Needle placement and injection (40 mg Triamcinolone admixed with 3-5 mL Lidocaine 1%) were performed while patients underwent musculoskeletal ultrasound and Power Doppler examination
- Data collection included:
 - Patient demographics
 - Hemophilia- and joint-specific parameters
 - Presence of tissue hypervascularity, effusions
 - Time to onset of pain relief
 - Extent and duration of pain relief
 - Procedure-associated complications
- Statistical analysis to evaluate potential predictor variables on outcomes

Patient Characteristics

Variables	Number of Patients
Median Age in Years (IQR)	38.7 (32.4 – 54.1)
Hemophilia Type A B	20 (80%) 5 (20%)
Hemophilia Severity Mild Moderate Severe	6 (24%) 2 (8%) 17 (68%)
Inhibitor Present Absent	1 (4%) 24 (96%)
≥ 2 Injections Into the same joint Into different joints	9 (38%) 6 (24%)

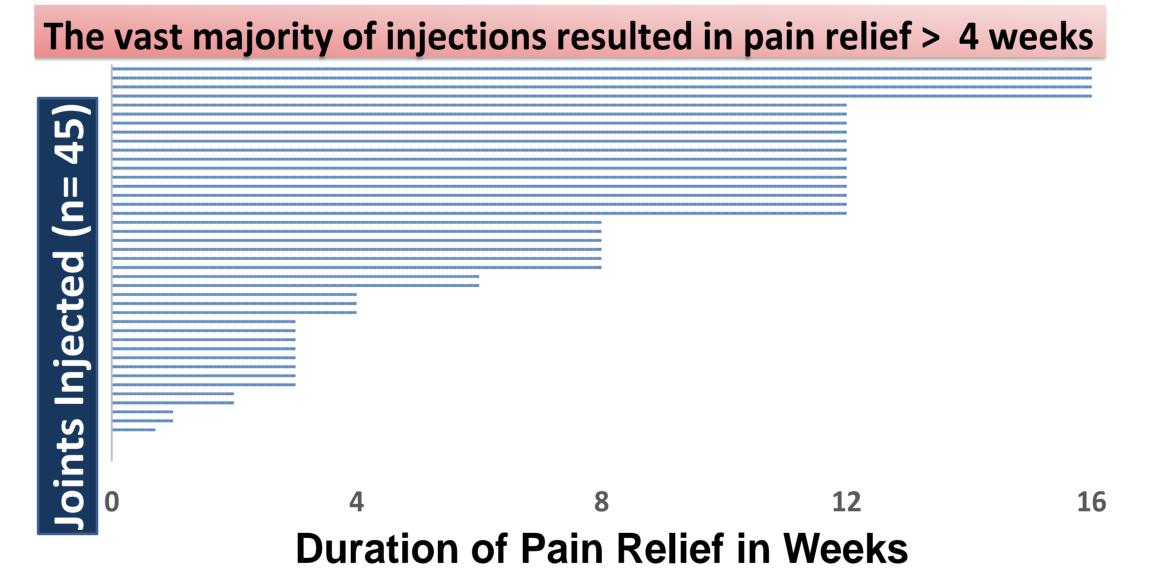
Extent of Pain Relief



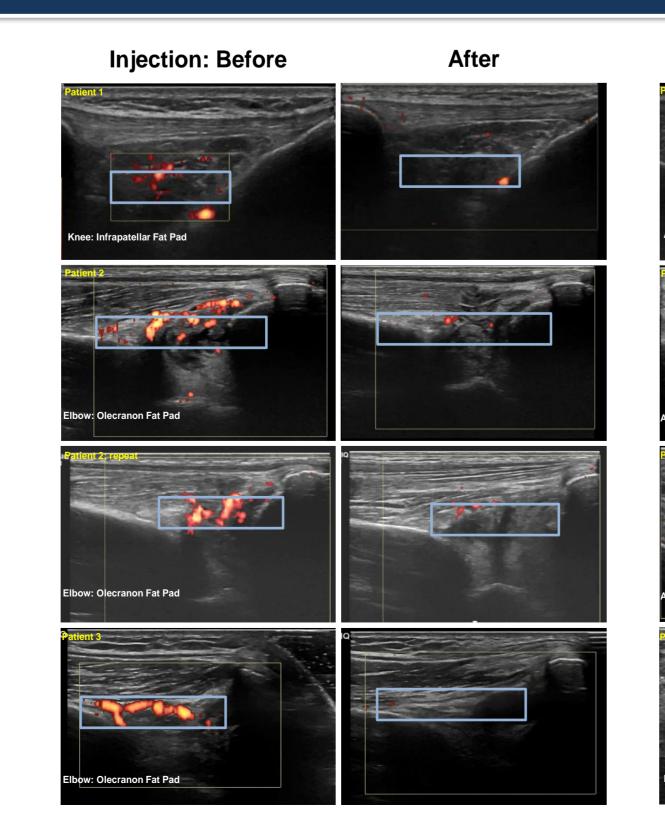
Joint Characteristics

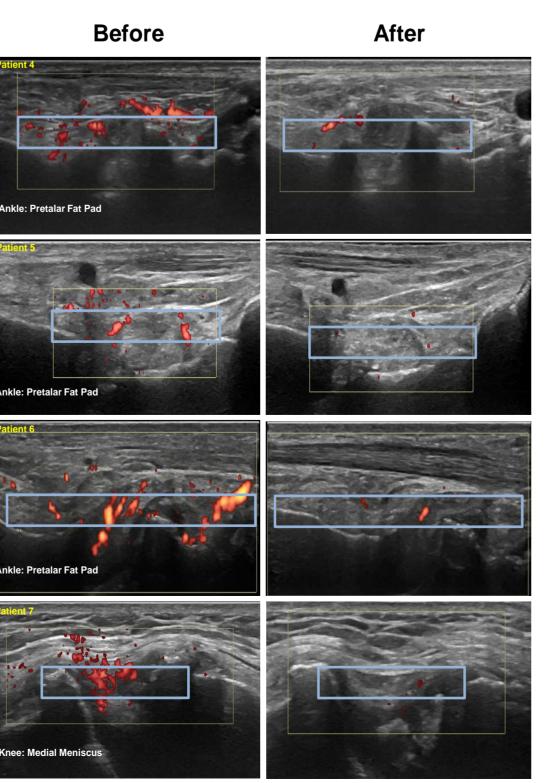
Variables	Number of Patients
Type of Joint	
Ankle	14 (31%)
Knee	18 (40%)
Elbow	13 (29%)
Pettersson Score (Single Joint)	
Median (IQR)	9.5 (7.0-11.0)
HJHS (Single Joint)	
Median (IQR)	7.0 (3.0-10.0)
Power Doppler Signal on MSKUS	
Present	40 (91%)
Absent	4 (9%)
Joint Effusion on MSKUS	
Present	17 (39%)
Absent	27 (61%)

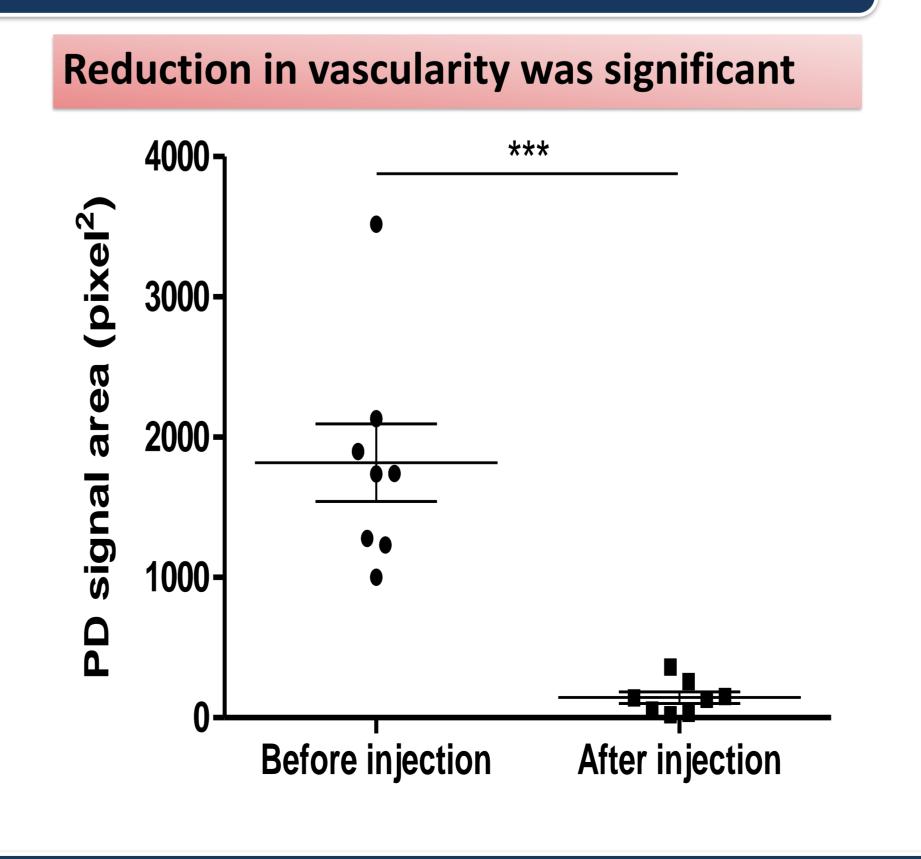
Duration of Pain Relief



Reduction in Vascularity in Response to Intra-Articular Steroids







Summary

- Pain relief:
- Reported after 91% of injections
- Occurred within 48 hr in the majority of patients
- Lasted for 8 weeks (median duration)
- There were no reports of increased pain or procedure-associated complications
- Of the variables assessed, only joint Pettersson score and hemophilia type were associated with absolute and duration of pain relief
- Repeat MSKUS/PD after injection showed resolution of hypervascularity

Conclusions

- Point-of-care ultrasound enabled intra-articular corticosteroid injections that were effective and safe for pain relief in hemophilic arthropathy and appeared to ablate soft tissue inflammation
- Intra-articular corticosteroid should be considered for pain management of hemophilic arthropathy

Select References

- Wyseure T, el al. Advances and Challenges in Hemophilic Arthropathy. Semin Hematol. 2016 Jan;53(1):10-9. doi: 10.1053/j.
- Bhat V, et al. Vascular remodeling underlies rebleeding in hemophilic arthropathy. Am J Hematol 2015; 90: 1027-35
- Kidder W, et al. Persistent vascular remodeling and leakiness are important components of the pathobiology of re-bleeding in hemophilic joints: Two informative cases. Microcirculation 2016
- W Kidder, et al. Point-of-care musculoskeletal ultrasound is critical for the diagnosis of hemarthroses, inflammation and soft tissue abnormalities in adult patients with painful hemophilic arthropathy. Haemophilia. 2015 Jul;21(4):530-7. doi: 10.1111/hae.12637

Acknowledgements

This study was supported by Biogen (A.v.D.), by a career development award from the National Hemophilia Foundation/Novo Nordisk (A.v.D) and by Human Resource and Service Grant H30MC24045

