



**RETROSPECTIVE STUDY OF EIGHTY FIVE ORTHOPEDIC SURGERIES IN
PATIENTS WITH HAEMOPHILIA – FROM A COMPREHENSIVE HEMOPHILIA
CARE CENTRE OF WESTERN INDIA**

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ABSTRACT

Background: The severe hemophilia A and B are characterized by spontaneous bleeding into the joints. The most frequent targets joints are the knees, ankles, and elbows^[1,2] and recurrent bleeding into these leads to chronic hemophilic arthropathy. This causes pain, deformity, work/ school absenteeism and affects activities of daily living. In such patients, surgical intervention is required as per joint status and function: surgical/radiation synovectomy, joint replacement, osteotomy. But surgeries in PWH are technically more demanding because of extensive fibrosis, bony deformity, and poor bone density. With improvements in surgical technique and medical management, satisfactory results have been obtained, but the optimal level and duration of replacement therapy required to prevent bleeding complications have not been established conclusively. This paper reports the experience of orthopedic surgeries in a single referral centre, largest data from a developing country, with the use of low dose of factor. **Material and Methods:** The data of 75 patients who underwent 85 invasive orthopedic procedures were collected from the hospital records retrospectively between 2004 and 2010 and prospectively thereafter through a well thought out proforma, which included the surgical procedure performed, replacement therapy used and complications encountered. **Results:** Out of 165 different surgeries done in our centre in 138 patients with haemophilia, eighty five orthopedic surgeries were done in 75 hemophilic patients in age range of 15 year to 62 years during this period. Of these, 62 were severe Hemophilia A without inhibitors and 2 with inhibitors, 10 were severe Hemophilia B and one patient with combined F V and F VIII deficiency. The orthopedic surgeries performed were Total knee replacement (24), Total hip replacement (2), Amputation (11), Pseudo-tumour excision (4), Fracture Internal fixation (28), Joint corrective surgery (8), Osteotomy (4), Prosthesis removal (3) and Ligament tear repair (1). These surgeries required factor concentrate 302.6 IU/ Kg/ Surgery total dose. Excellent hemostatic response was achieved intra-operatively and post-operatively in 77 (93.3%) surgeries and 5 surgeries (6.7%) had fair hemostatic response, that was managed with factor correction alone. 6 Patients (8%) developed inhibitors post operatively and 3 patients required revision surgery, 1 for prosthesis damage and 2 for infection. There was no death due to bleeding. **Conclusion:** The present study clearly shows that excellent hemostatic response can be achieved in orthopedic surgeries in patients with hemophilia with low dose of factor as compared to international studies.

KEYWORDS: Surgery; haemophilia; clotting factor concentrates.

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