A METHOD FOR ASSESSMENT AND GRADING OF OSTEOARTHROPATHY IN HEMOPHILIACS. H. Moroszwowski, U. Seligsohn, M. Heim and I. Farine, Hemophilia Center, Chaim Sheba Medical Center, Tel-Hashomer, Israel.

Neither of the previously described methods for assessment of hemophilic osteoarthropathy has included all aspects, which we deem, are necessary for appropriate evaluation and follow-up of individual joints and the general state of the patient. We devised a simple method, expressed by scores, which differentially assesses the functional, the objective findings and roentgenologic state of the joints. For the last 4 years, we have been using this method in 110 hemophilic patients in Israel and have found it very efficient for: a) Quantitative comparison of the state of different joints in the same patient. b) Comparison of the state of similar joints in different patients. c) Comparison of the general state of different patients. d) Evaluation of the efficacy of treatment. The method can be easily applied by any physician and may provide means of comparing results achieved by various hemophilia centers.

FEMORO-PATELLAR SYNDROME IN HEMOPHILIC KNEE. J.Y. De La Caffinière, J.P. Allain, Y. Laurian and M.J. Larrieu. Hôpital Antoine Béchère, Clamart, France.

A high incidence of anatomical alterations of the patellar cartilage is observed in the chronic knee arthropathy of hemophiliacs. A systematic investigation of the role of an abnormal femoro-patellar joint in this knee arthropathy was undertaken. Fifty five knee joints in 38 children and 33 knee joints in 17 adults were studied. Clinical evidence of a femoro-patellar dysfunction was present in 21 children and 6 adults. Pain was the major symptom and this pain often made physiotherapy impossible. A permanent flexion deformity of the knee was frequent. The natural history of this syndrome was documented by regular X-Rays and was correlated with age, number of hemarthrosis, and associated anatomical abnormalities. Surgical procedures were performed in 5 cases in order to improve the knee function and relieve pain: 2 patellectomies, one section of the external patellar ligament and 2 condylar remodelling. After a follow up period of 6 months to 2 years, the clinical and functional results remained questionable.

SYNOVECTOMY REVISITED. V. Pietrogrande, P.M. Mannucci, G. Torri, Z.M. Ruggeri, Dept. of Orthopedic Surgery and Hemophilia and Thrombosis Ctr. Univ. of Milano, Italy.

15 operations of knee synovectomy carried out from 1969 to 1971 in severe hemophiliacs were reevaluated after a follow-up period ranging from 5 to 7 years. In the majority of the patients (53%) there was non recurrence of hemarthrosis: in others, this was only reduced (40%) or unchanged (7%) and joint scintigrams carried out with 99m TC showed a significant uptake of the tracer. Joint motion was markedly impaired in a number of patients (53%) despite prolonged and intensive physiotherapy. Nevertheless the majority of patients expressed satisfaction with the operation, which allowed them to lead a more active life through the reduction of frequency and severity of joint bleeding. It is suggested that the possibilities offered by conservative treatment presently available should be more extensively explored before establishing an indication for sinovectomy.