ELECTIVE SYNOVECTOMY IN HEMOPHILLIA. Geni A. Bennett, Marilyn G. Myers, Brian A. Buvid
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A total of twenty-one elective synovectomies and three repeat elective synovectomies, as stimulated by the work of Scartì, et al., were performed on elbows, knees, and ankles of six patients with classical Hemophilia (circulating antihemophilic globulin factor VIII < 15) from 1970-1976. Decision to perform surgery was based on recurrent bleeding into a joint, decrease in joint function, and radiographic evidence of joint destruction. The surgical protocol established included preoperative therapy with commercial Antihemophilic Globulin Concentrate (AHG) and epsilon aminocaproic acid. Surgical synovectomy was followed by postoperative management which included parenteral therapy with AHG and epsilon aminocaproic acid, joint drainage and, in addition, interarticular epsilon aminocaproic acid and antibiotics with mobilization. When indicated, manipulation under anesthesia combined with a regimen of physical therapy was carried out. Initial results were encouraging, but enthusiasm after up to six years follow-up has been tempered by recurrence of hemorrhages and further radiographic deterioration in several of the synovectomized joints. This has necessitated the three aforementioned repeat synovectomies.

Based on the good results achieved with a fibrin-sealing-system consisting of a high concentrated fibrinogen-containing plasma fraction, thrombin, and calcium chloride in animal experiments and in patients suffering from bone tumors, this sealing method was used for the first time in a severe hemophiliac. Due to a massive, fractured hemophiliac cyst in the proximal part of the right femur this patient had been unable to walk for months. Combining homologous and autologous bone transplantation, fibroseal, and osteosynthesis, it was possible to avoid amputation. At present, the patient is following a rehabilitation program. The result in this case and experience gained from earlier studies indicate that the use of fibroseal for bone reconstruction offers a new approach to orthopaedic problems in hemophilia patients.