

THE EFFICIENCY OF MEDICAL REHABILITATION TREATMENT IN PATIENTS WITH HEMOPHILIA - THE EXPERIENCE OF "CRISTIAN SERBAN" BUZIAS CENTER

Mihaela Dutescu¹, Adina Traila¹, Margit Serban², Adriana Diaconu³, Emilia Ursu², Dorina Miu¹, Ioana Malita¹, Bianca Ciresan¹

1. „Cristian Serban” Center, Buzias, Romania
 2. Emergency Clinical Children Hospital “Louis Turcanu”, Timisoara, Romania
 3. Clinical Institute “Fundeni”, Bucharest, Romania
- mihaela2212@yahoo.gr

Abstract

Introduction: Hemophilia is a hereditary X-linked coagulopathy characterized by a deficiency of FVIII (hemophilia A) or FIX (hemophilia B) that causes hemorrhage depending on the severity of the disease; in cases of severe forms, spontaneous hemorrhage may be life threatening. Localized severe bleeding takes place at the different sites such as articular (ankle, knee, elbow), muscular (iliopsoas, thigh, forearm) and mucous membranes (gums, tongue, rhinorrhea, genitourinary tract). Almost all of the patients with hemophilia (PwH) have a form of arthropathy, most often disabling and deforming, with important static, balance, gripping and walking disorders, marked pain and a significant reduction in quality of life.

Material and method: The study includes 85 patients with hemophilia (PwH) from all over the country, patients taking part constantly and periodically in our rehabilitation programs. From June to August 2017, the patients benefited from a rehabilitation treatment along with specific medical education lessons. The patients are between 3 and 50 years of age; 66 patients with hemophilia A, 12 patients with hemophilia B and 7 von Willebrand disease patients. The clinical examination includes goniometric measurements, the number of joints with hemarthrosis/ arthropathy, number of target joints (> 4 joint bleeding in 6 months), HJHS (Hemophilia Joint Health Score), Functional Independence Score in Hemophilia (FISH) score and quality of life evaluation (EQ-5D-a, EQ-5D-Y with EQ-VAS). The patients took part in a complex medical rehabilitation program, under the substitution therapy coordinated by the hematologist, a program consisting of individual and group kinesiotherapy, hydrotherapy, hydro-kinesiotherapy, electrotherapy and massage, the duration of the treatment being between 10 and 20 days. The medical rehabilitation treatment has been associated with psychological counseling sessions and medical education lessons.

Results: Following the rehabilitation program, we found a significant improvement in pain relief, increased joint mobility and improved quality of life. We also evaluated musculoskeletal status in these patients, suggesting both the severity and gravity of musculoskeletal impairment and the degree of disability, especially in patients over 18 years of age.

Conclusion: Hemophilic arthropathy is a severe form of joint disease, in most cases invalidating, which significantly reduces the quality of life of these patients. It is important to emphasize the vital role of rehabilitation treatment that PwH should follow, treatment that relieves pain, improves musculoskeletal function, prepares the patient for future arthroplasty, or recovers the joint/limb function after arthroplasty. Rehabilitation in hemophilia begins with diagnosis and continues throughout life, constantly and sustained, coordinated by a multidisciplinary team composed of a hematologist, rehabilitation physician, physical therapist, masseur and psychologist.