Fractures in Haemophilia: Special Pathomechanisms

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During 1973–1980 we had to treat 20 fractures in 19 haemophiliacs, 20% occurred in the arm and 80% in the leg. 12 of the latter were seen in the femur and 4 in the tibia and/or fibula. 63% of the patients suffered from severe haemophilia A and 2 patients from haemophilia B. In the age group 10–20 years, we found 90% of the fractures in patients aged between 15 and 16 years.

16 fractures occurred due to direct trauma, 2 were caused by pathological stressing (1 in flexion deformity in the femur, 2 at the upper border of an arthrodesis boot). Another one was a pathological fracture in an advanced pseudotumor of the thigh. A further case showed a hyperflexion fracture in the tibia head after trauma caused by restricted flexion in the arthropathic knee. After conservative as well as after operative treatment normal bone healing was seen. There is evidence that post-haemorrhagic bone atrophy restricted joint movement

and false stressing due to joint deformities enhance fractures in haemophiliacs. Some pathological mechanisms are pointed out and extraordinary cases out of the series are reported.