

# ปกิณกะ

ฉบับสุดท้ายของปีนี้ ศ.พญ. ภัทรพร อิศรางกูร ณ อยุธยา ได้กรุณาส่งบทความที่มาจาก Hemophilia Centre, นครลอสแอนเจลิส เพื่อลงในส่วนของปกิณกะ เป็นความก้าวหน้าทางศัลยกรรมกระดูกที่ให้การผ่าตัดข้อแบบใหม่ ในผู้ป่วยโรคเลือดออกง่ายฮีโมฟีเลีย โดยไม่ต้องเปิดผ่าตัด แต่ใช้การฉีดสาร isotope p-32 chromic phosphate เข้าไปในข้อตามด้วย long-acting cortisone. ทำให้ผู้ป่วยอยู่ในโรงพยาบาลเพียงคืนเดียวก็กลับบ้านได้ นับเป็นเรื่องที่น่าติดตามยิ่ง

สร้อยสอางค์ พิกุลสด

## Orthopaedic Hospital Radionuclide Synovectomy Information

Hemophilia Center, 2400 S. Flower St., Los Angeles, CA 90007; FAX 213-742-1355

The procedure is similar to a joint aspiration. Patients are first evaluated with a history, a focused physical examination and Xrays. Local patients usually consult with Dr. Luck weeks ahead of time. Patients referred from distant areas may be referred with appropriate data and Xrays, and with exchange of telephone calls, with the final examination and recommendation on the day the procedure is scheduled.

On the day of the procedure, an informed consent is signed. Concentrate is administered (to a 50% plasma level for factor VIII or IX, or, the usual prothrombin complex, FEIBA or Autoplex is given to a person with an inhibitor). The skin over the joint is cleaned with Betadine.

A local anesthetic, 1% Xylocaine, is injected into the skin and subcutaneous tissue with a small-gauge needle. A 20-gauge needle is then inserted into the joint cavity. The needle position is critical, and must be confirmed. If joint fluid or, in hemophiliacs, blood, can be aspirated readily, that constitutes adequate confirmation. If fluid cannot be aspirated, a few ml. of contrast material, i.e. Renografin-60, can be injected under fluoroscopic guidance to confirm the presence of the needle in the joint cavity. If fluoroscopy is not available, 0.25 to 0.5 millicuries of Technicium<sup>99</sup> M sulfur colloid may be injected and the joint image examined with a standard nuclear medicine camera to confirm that the injectate is within the joint

space.

Following this confirmation, the appropriate dose of P-32 chromic phosphate is injected directly. Currently, one millicurie (mCi) is used for adult knees, 0.5 mCi for adult elbows and child knees, and 0.25 mCi for child elbows. After the isotope is injected, the needle is flushed with a mixture of Xylocaine and Dexamethasone Acetate. The latter is a long-acting cortisone preparation. After withdrawal of the needle, pressure is applied for two minutes and a band-aid is applied to the puncture site. A splint is used to immobilize the joint for two days. Inhibitor patients stay in the hospital overnight.

The medial and lateral aspects of the injected joint and the contralateral joint, as well as regional nodes and the liver are scanned immediately after the procedure, on the next day, and (for local patients) at one week, one month and three months afterwards. Distant

patients may be scanned at facilities near their homes. The purpose of scanning is to determine the diffusion within the joint itself and to document whether or not any isotope has escaped.

The package price for the procedure including all doctors and professional fees and follow-up the next day is \$4000. Concentrate is extra. Patients may bring their own or may receive it from Orthopaedic Hospital (prices are low). For inhibitor patients who must stay overnight, that hospital charge is also extra but not high. Doctors wanting to refer patients for evaluation should telephone Ms. Judy McKinney at 213-742-1356 for an appointment with Dr. James V. Luck, Jr. Doctors wanting to send Xrays and histories should direct them to Dr. Carol K. Kasper (hematologist, director of the Center) at the above address or FAX. Doctors wanting more information should call Dr. Kasper at 213-742-1357.