

# USE OF TRANEXAMIC ACID DURING TOTAL HIP ARTHROPLASTY IN A PATIENT WITH SICKLE CELL DISEASE: A CASE REPORT

Hunter Smith OMS-III<sup>1</sup>, Tuan Bui MD<sup>2</sup>, Brendan Kelly DO<sup>3</sup>

1. Philadelphia College of Osteopathic Medicine, Philadelphia, PA
2. Division of Orthopedic Surgery, Shore Medical Center, Somers Point, NJ
3. Division of Internal Medicine, Shore Medical Center, Somers Point, NJ



## INTRODUCTION

The most common orthopedic manifestation of sickle cell disease (SCD) is avascular necrosis (AVN) of the hip, for which treatment is total hip arthroplasty (THA). Traditionally, tranexamic acid (TXA) is used during THA to mitigate blood loss. However, there are no published reports of TXA being used in SCD patients undergoing THA.

## RESULTS & DISCUSSION

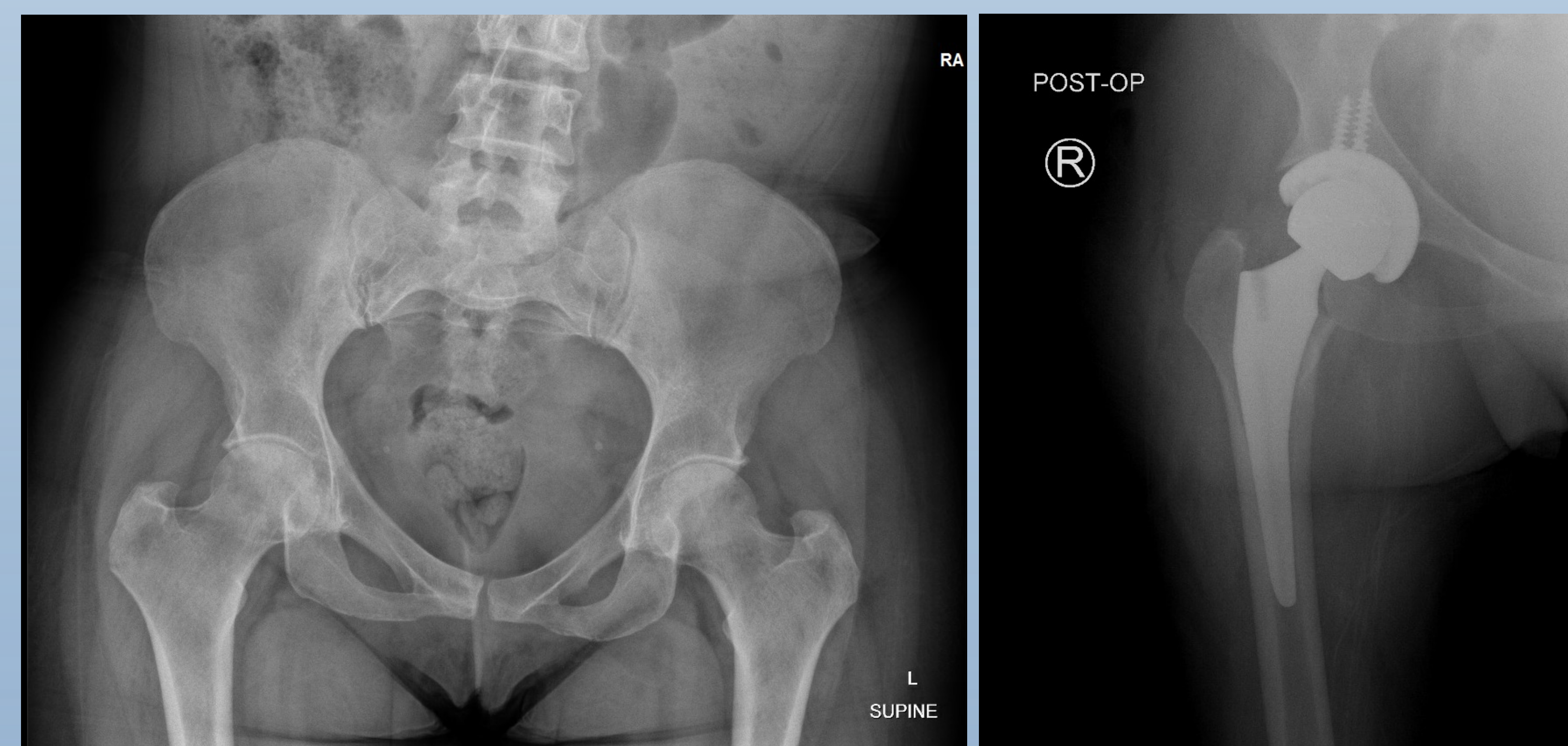
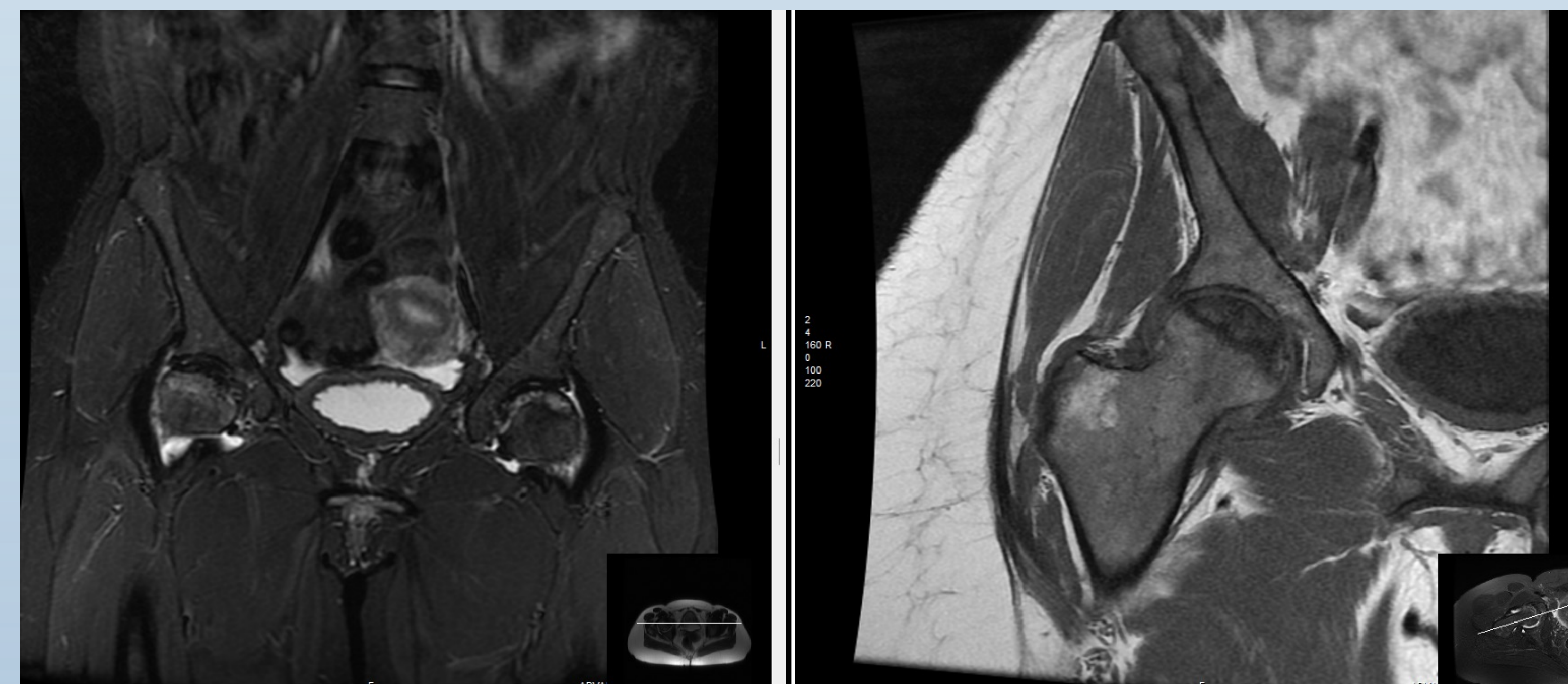
Sickle cell patients undergoing THA present a challenge to the surgeon in managing perioperative blood loss. Most SCD patients have a history of repeated blood transfusions, predisposing them to iron overload and transfusion reactions. These patients are also at an elevated risk of major bleeding during surgery. Therefore, minimizing blood loss, and the need for transfusions, should be of chief concern to the surgeon. In the general population, TXA has been shown to mitigate bleeding safely during THA. However, sparse literature exists on the use of TXA in sickle cell patients.

## CONCLUSION

Sickle cell disease predominantly affects racial and ethnic groups that are underserved in practice and underrepresented in the clinical literature. Future research, including randomized controlled trials, should be performed to elucidate the role of TXA in mitigating morbidity in THA in this population.

## CASE DESCRIPTION

A 47-year-old female with a diagnosis of sickle cell disease presented to the orthopedic clinic complaining of debilitating right hip pain. Clinical and radiographic examinations were consistent with avascular necrosis of the femoral head. She consented to THA via posterior approach. Preoperatively, the patient received 20 mg/kg TXA intravenously and an additional 3g TXA in 50mL saline were applied topically to the surgical field with marked improvements in hemostasis. She required three total units of blood during and after the case and was discharged home on postoperative day 3. At 6 weeks postoperatively she reported improvement in pain and quality of life.



## REFERENCES

1. Kenanidis E, Kapriniotis K, Anagnostis P, Potoupnis M, Christofilopoulos P, Tsiroidis E. Total hip arthroplasty in sickle cell disease: a systematic review. *EFORT Open Rev.* 2020;5(3):180-188. Published 2020 Mar 2. doi:10.1302/2058-5241.5.190038
2. Onimoe G, Rotz S. Sickle cell disease: A primary care update. *Cleve Clin J Med.* 2020;87(1):19-27. doi:10.3949/ccjm.87a.18051
3. Ware RE, de Montalembert M, Tshilolo L, Abboud MR. Sickle cell disease. *Lancet.* 2017;390(10091):311-323. doi:10.1016/S0140-6736(17)30193-9
4. Hernigou P, Housset V, Pariat J, Dubory A, Flouzat Lachaniette CH. Total hip arthroplasty for sickle cell osteonecrosis: guidelines for perioperative management. *EFORT Open Rev.* 2020;5(10):641-651. Published 2020 Oct 26. doi:10.1302/2058-5241.5.190073
5. Azam MQ, Sadat-Ali M. Quality of Life in Sickle Cell Patients After Cementless Total Hip Arthroplasty. *J Arthroplasty.* 2016;31(11):2536-2541. doi:10.1016/j.arth.2016.04.025
6. Charity I, Oyedeji, Ian J. Welsby; Optimizing management of sickle cell disease in patients undergoing surgery. *Hematology Am Soc Hematol Educ Program* 2021; 2021 (1): 405-410. doi: https://doi.org/10.1182/hematology.2021000274
7. Stella T. Chou, Mouaz Alsawas, Ross M. Fasano, Joshua J. Field, Jeanne E. Hendrickson, Jo Howard, Michelle Kameka, Janet L. Kwiatkowski, France Pirenne, Patricia A. Shi, Sean R. Stowell, Swee Lay Thein, Connie M. Westhoff, Trisha E. Wong, Elie A. Akl; American Society of Hematology 2020 guidelines for sickle cell disease: transfusion support. *Blood Adv* 2020; 4 (2): 327-355. doi: https://doi.org/10.1182/bloodadvances.2019001143
8. Hickman JM, Lachiewicz PF. Results and complications of total hip arthroplasties in patients with sickle-cell hemoglobinopathies. Role of cementless components. *J Arthroplasty.* 1997;12(4):420-425. doi:10.1016/s0883-5403(97)90198-4
9. Newall M, Hamdan TA, Lui DF, Ajayi B, Bishop T, Weil S. Tranexamic acid use in a patient with sickle cell disease undergoing posterior scoliosis correction surgery: safely mitigating bleeding and vaso-occlusive crises [published correction appears in *J Surg Case Rep.* 2021 May 19;2021(5):rjab229]. *J Surg Case Rep.* 2021;2021(1):rjaa559. Published 2021 Jan 29. doi:10.1093/jscr/rjaa559