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EFFICACY AND SAFETY OF 40 mg/4 ml OF HYALGAN BY ULTRASOUND-GUIDED INTRA-ARTICULAR INJECTION IN HIP OSTEOARTHRITIS PATIENTS: PILOT STUDY

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Aim of the study: Pilot investigation into the safety and the duration of benefit after ultrasound-guided intra-articular injections of Hyalgan in patients with hip OA.

Materials and methods: Adult, ambulatory patients suffering from hip OA grade 2 to 3 according to Kellgren and Lawrence were selected for the Study. Two syringes of 20 mg/2 ml (equal to 40 mg/4 ml) of Hyalgan, were injected twice with ultrasound guidance by an anterior parasagittal approach in each symptomatic hip; the second injection was given 30 days after the first one. A 7 MHz linear or 3.5 MHz convex transducer was used with a sterilised biopsy guide attached. The efficacy of the injection was assessed by using the Lequesne index, taking into account previous monthly

Table 1

Results at 3 and 6 months (mean values and% variation vs baseline)

	Baseline	3 months	6 months
Lequesne Index	10.64	4.59 (-56.9%)*	5.04 (-52.6%)*
Pain	6.50	4.54 (-30.2%)*	4.73 (-27.2%)*
Global patient evaluation	5.82	4.18 (-28.2%)*	4.36 (-25.1%)*
Physician global evaluation	5.91	4.14 (-29.9%)*	4.13 (-30.1%)*
NSAIDs consumption	6.90	2.27 (-67.1%)*	2.18 (-68.4%)*

*P < 0.02; **P < 0.002; ***P < 0.001.

NSAIDs consumption, VAS pain score, global patient evaluation and global physician evaluation at baseline and then 3 and 6 months after the injections of Hyalgan. Any adverse events during the follow-up period were reported.

Results: Eleven patients (3 M-8 F) were enrolled in the study, five had bilateral hip OA. A total of 16 hips were treated and 32 injections were performed. After treatment, values showed a statistically significant reduction vs baseline both at 3 and 6 months in the Lequesne index, pain (rating scale 0-10), global patient evaluation and global physician evaluation (both assessed by rating scale 0-10). Average NSAIDs intake (days/month) decreased significantly during the study.

No infectious or systemic complications were reported.

Conclusions: In summary, Hyalgan at the proposed regimen (2 doses of 40 mg injected at 30 days each to the other) seems to be a safe and efficacious treatment improving pain and function at least up to 6 months in hip OA patients. The reduction in NSAID consumption may also reduce the costs associated with disease management. The injection volume of 4 ml is well tolerated in hip joints. Further studies in a larger series of patients and with a control group are warranted in order to confirm these results.