

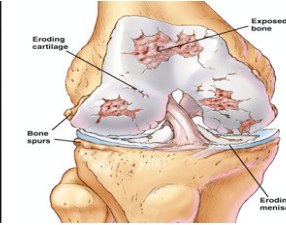
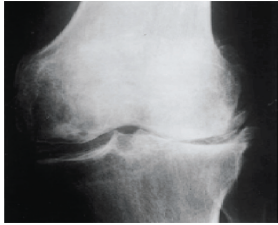


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WHAT IS KNEE OSTEOARTHRITIS? It is a wear-and-tear of the cushiony cartilage on the surfaces of the bones of the knee joint. The absence of this smooth cartilage makes the bones rub together and this roughness of the surface causes pain and leads to discomfort, swelling and decrease range of motion.



CAUSES OF KNEE OSTEOARTHRITIS:

It may be primary or secondary. It is considered primary when the principal cause is not known. Secondary means that it can be due to other problems such as trauma or a history of fracture. Athletes that sustain repetitive micro-trauma of the knee can also later develop knee arthritis. A healthy knee is supported and protected by two meniscus. The meniscuses have many functions including load bearing, shock absorption, and stability enhancement. The onset of arthritis after the surgical removal of all or part of a torn meniscus is fairly common. Obesity plays a role in the development due to increased stress placed on the joint surface. A genetic predisposition accounts for about half the risk of developing this problem. Biochemical forces are also involved in the destruction of the cartilage.

WHAT THE DOCTOR LOOKS FOR AND

WHAT YOU FEEL: Pain and stiffness in and around the affected joint is what brings the patient to the doctors office. Typically the sufferer is middle-aged or elderly. Patients with osteoarthritis of the knee often complain of instability or buckling, especially when they are descending stairs or stepping off curbs. Osteoarthritis generally does not have an inflammatory component, except in advanced disease. The presence of a hot, reddened and markedly swollen joint suggests an infected joint or a crystal type joint affliction such as gout, pseudo-gout or hydroxyapatite arthritis. The physical examination should include a careful assessment of the affected joints, surrounding soft tissue and bursal areas. Crepitus, or a popping which is felt as the doctor mobilizes the knee, is due to the irregularity of opposing cartilage surfaces and is a frequent sign of osteoarthritis of the knee.

TESTING:

A good history and physical examination can very closely pinpoint the diagnosis. Your doctor will usually order plain x-rays of the joint and this will most likely confirm the diagnosis. An MRI exam of the joint may also be ordered. However at times there will be significant findings in an x-ray study and the patient will be totally pain-free. Also sometimes a patient with minimal findings on an x-ray will have severe pain and disability. If infection or Rheumatoid arthritis is suspected other test such as blood test and analysis of joint fluid accumulations will be ordered. High counts of white blood cell and the presence of crystals in this joint fluid will speak against a diagnosis of osteoarthritis.

TREATMENT. Should be individualized.

Prevention. Avoid excessive weight gain and repetitive impact injuries to the joint. Muscle strengthening knee exercise are also helpful.

Supplements. Glucosamine and chondroitin sulfate taken in pill form are thought to protect and possibly help repair cartilage cells in the joints. Glucosamine and chondroitin sulfate also help fight inflammation, which in turn reduces joint pain, swelling, and tenderness from knee OA. Vitamin D also seems to have a protective effect on joint cartilage.

Medical Therapy. Initially Tylenol will suffice to control pain. Mild antiinflammatories may be added. Stronger painkillers may be needed.

Cortisone injections of the knee. Cortisone injection mixed with a local anesthetic may provide immediate and lasting relieve. Sterile technique is a most to avoid complications.

Viscosupplementation. It involves the injection of a gel-like substances (hyaluronates) such as Synvisc or Suparts or other, into the joint space. They are approved for use when more conservative therapies have failed. It can provide relief for up to several month.

Electrical stimulation and massage therapy. They can provide temporary relief.

Surgical therapy. This may include:

1. Knee arthroscopy. Mechanical symptoms such as a catching sensation, a giving way, or painful popping in an arthritic knee may improve with arthroscopy.
2. Osteotomy. Can be done when one side of the knee is affected. The patient may need knee replacement later.
3. Joint replacement. This can be either total or partial joint replacement.