ABSTRACT PREVIEW: TENDONITIS IS THE MAJOR CAUSE OF PAIN IN OSTEOARTHRITIS KNEE JOINT

Edit Tendonitis Is the Major Cause of PAIN in Osteoarthritis Knee Joint

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1. Osteoarthritis
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4.

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Abstract Body

Category

Clinical and Translational Research

Sub-Category:

Osteoarthritis – Clinical

Background/Purpose

Technique of unmasking and treating the underlying problem developed in year 2000 and first published in the year 2006 revealed that pain knee in OA is a referred pain and originates in lesions proximal to the knee joint. Initially therapeutic technique of Acupuncture was used to relieve pain knee in OA. Palpation around the joint to find the cause of recurrent pain identified two lesions proximal to the knee Adductor Tubercle and origin of Lateral Head of Gastronemius. Final study was carried out by treating these lesions bypassing the process of relieving pain knee by acupuncture so as to establish its efficacy.

Methods

Clinical work making the base of this research was carried out at Pain and Plegia Centre, Dabgari Gardens Peshawar from 2010 to 2012. Patients reporting with knee pain were palpated deep around the knee joint and major tender spots identified upon Adductor tubercle on medial aspect and origin of Gastrocnemius (lateral head) on lateral aspect proximal to the knee. These lesions were injected each with 20 mg of Triamcinolone Acetonide diluted in 2 ml of Xylocaine 2%.

All cases that contacted our Pain Management Centre with primary complain of pain knee in one or both joints of various duration of time with presenting symptom of acute or chronic pain knee at rest or at movement, grating sensation in the joint on examination, mild swelling around joint were included in the study.

All those cases that were having multiple small joint pains suspected or diagnosed Rheumatoid Arthritis, known cases of gout, knee joint distended with fluid. All cases with highly advanced OA changes with new bone formation were excluded from the study.

Results

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The lesions responded favorably to the simple treatment and patients of pain knee joint of various durations were completely pain free. On their first follow-up after 48 hours they felt confident and expressed positive hopes about the success of treatment. Ten days were required for optimal healing and patients exhibited 80–90% relief at the end of this time. Deep palpation was carried out at the follow-up to identify any point of appreciable tenderness. It was essentially around the same major sites, the reason being that the lesion would have involved certain area around the major trigger spots. Patients remained relieved of pain for months and their joint functions were restored. Subsequently they did not require any analgesics.

Conclusion

Osteoarthritic changes inside the knee joint are not the cause of pain knee in OA, rather it is a referred pain. Two lesions one upon the Adductor tubercle on medical side and another upon origin of lateral head of Gastrocnemius on the lateral side proximal to the knee joint are identified to attribute to this pain. These lesions are tendonitis and may be ethenitis upon these sites. Highly tender to palpation these are very much amenable to the simple treatment indicated. These findings establish the concept that pain knee in OA is neither because of reduction in joint space nor due to reduction in surface cartilage nor due to drying of synovial fluid. These lesions not recorded in any book of medicine or surgery thus it is a new discovery and may even change the shape of this part of rheumatology.

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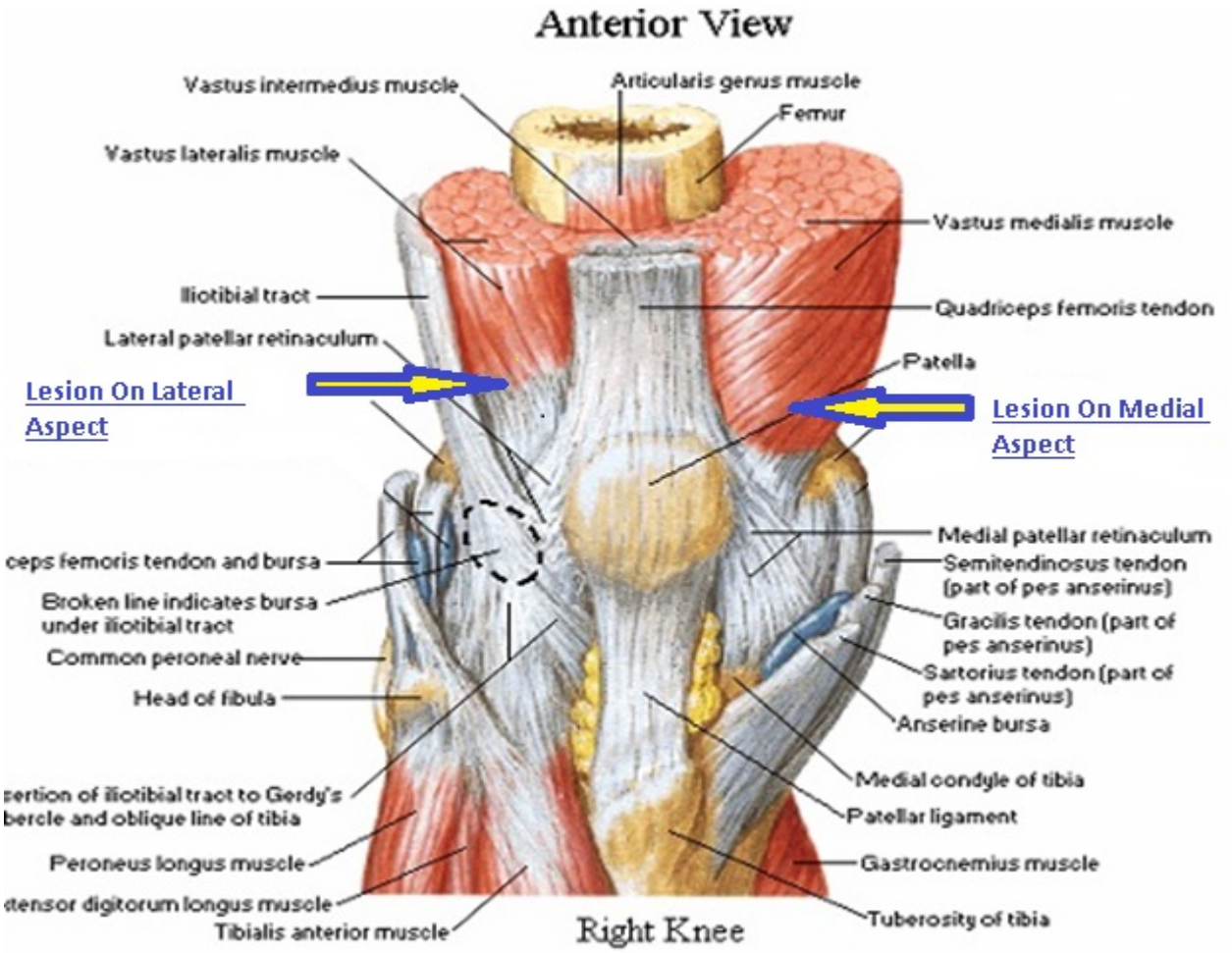

LESIONS THAT CAUSE PAIN KNEE IN OSTEOARTHROSIS

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LESIONS THAT CAUSE PAIN KNEE IN OSTEOARTHROSIS.jpg

Additional Details

1) Presenting Author Trainee Status
Not Applicable (Non-Trainee)

2A) Clinical Trial
No

2B) Clinical Trial
N/A

2C) Clinical Trial

3) Rheumatology Research Foundation Funding
No

4A) ACR Media Activities
Yes

5A) Study Sponsor Statement
No

5B) Study Sponsor Statement

6A) Research Involving Human Subjects
No

6B) Research Involving Human Subjects

7) Research Involving Animals
No

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