A troublesome knee

Non-surgical management should be first line for a number of joint conditions

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By Dr Doron Sher |

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Rita is a 65-year-old retired teacher. She remains active, walking for 30 minutes every day and spends time in her garden.

She presents to her GP later in the day explaining that over the past few months, she has noticed increasing pain at the medial aspect of her left knee.

The pain gradually worsens the longer she is on her feet, and is sometimes associated with sharper pains and a catching sensation. When asked, she says she has not noticed any swelling.

Examination

Rita is overweight, with a BMI of 26. Focused clinical examination shows her left knee is neutrally aligned. She walks without a limp, but is complaining of irritating pain. Her range of motion remains reasonable at 0-120 degrees and there is a small effusion present on the swipe test.

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Her medial compartment is tender with applied pressure, with the joint margin particularly so. The knee is stable, with negative Lachman and Anterior Drawer tests.

Investigations

While many people go straight to an MRI, Rita's GP knows that this is non-weight bearing imaging, and is not the best test to order first. Instead, the GP orders a standard osteoarthritis X-ray series of her knee (AP weight bearing, lateral, notch, skyline patella), which show mild medial compartment and patella—femoral degenerative changes. No further tests are required.

Management

The GP initiates standard treatment for osteoarthritis, prescribing regular paracetamol and NSAIDs intermittently, if tolerated and not contraindicated.

Rita is referred for physiotherapy to strengthen the quadriceps muscles and tape the patella. The GP asks Rita to lose some weight, as then her knees are under less strain.

Follow-up

Rita returns to see her regular GP in six months. She has had intermittent flare-ups of her pain, but these generally settle over two or three days and treatment is effective. During one of the flare-ups, she saw a colleague in the practice, the regular GP being away.

She has an MRI scan, which the other GP ordered, showing a medial meniscal tear and mild chondral damage in the medial and patella—femoral compartments. She requests referral to a knee orthopaedic specialist.

Her regular GP explains to Rita that the meniscal tear is almost certainly not the source of her pain, as she has not injured her knee. Thus, non-surgical management is usually as effective as an arthroscopy. The GP administers an intra-articular local anaesthetic and steroid injection, which gives her excellent relief for about two months before the pain returns.

The GP then arranges referral to an orthopaedic surgeon.

STANDARD OSTEOARTHRITIS X-RAY SERIES OF THE KNEE
• Weight bearing AP views • Lateral views • Notch views, PA view with knee flexed to 50 degrees, preferably standing • Skyline patella views

Specialist review

The orthopaedic surgeon reviews Rita, and explains to her that the treatment she has had up until now has been admirable.

Since she had an excellent, but relatively short-lived, response to the corticosteroid injection, he arranges for her to have an injection of hyaluronic acid, which gives her more than six months' relief.

The surgeon explains that the next treatment option is a total knee replacement, but that Rita is not symptomatic enough for this operation yet.

Despite the presence of a meniscal tear on MRI, only a small number of patients ‘cross over' from the non-surgical treatment group into the surgical treatment group and require an arthroscopy for the meniscal pathology associated with the osteoarthritis. This is always after trialing non-surgical management first.

Despite not being particularly overweight anymore, Rita manages to lose a few more kilograms, and finds that even this small amount of weight loss helps her knee.

After a series of successful hyaluronic acid injections over several years, Rita tells the GP that the last injection did not really help her. She is woken by the pain in her knee most nights, and her flat walking distance is less than 10 minutes.

She takes NSAIDs, paracetamol and occasional tramadol, and is not satisfied with her lifestyle and sleep being so limited. Rita finally asks to see the orthopaedic surgeon again, as she has decided that the time is right to have her knee replacement.

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