

TREATMENT AND DIAGNOSTIC PURPOSE ARTHROSCOPY IN NONTRAUMATIC PATHOLOGY OF THE KNEE

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BACKGROUND. AN ATTEMPT FOR ESTABLISHING CLINICAL GUIDELINES FOR NONTRAUMATIC TREATMENT AND DIAGNOSTIC KNEE ARTHROSCOPY IS OBSERVED. THE COST-EFFECTIVENESS RATIO IS TAKEN INTO ACCOUNT (ANALYSIS OF COSTS PER QUALITY-ADJUSTED LIFE YEARS). PATIENT PERCEPTION OF SYMPTOMS EVOLUTION IS LESS CONSIDERED.

AIM OF THE STUDY. TO INVESTIGATE THE ONE YEAR COURSE OF PERCEIVED SYMPTOMS - PAIN AND FUNCTION, IN PATIENTS WHO UNDERWENT TREATMENT AND/OR DIAGNOSTIC KNEE ARTHROSCOPY.

METHODS. ONE YEAR PROSPECTIVE STUDY IN 61 YOUNG, MIDDLE AGED (35-55) AND OLDER ADULTS WHO UNDERWENT TREATMENT AND DIAGNOSTIC ARTHROSCOPY FOR RESISTANT CONSERVATORY TREATMENT OF MECHANICAL NONTRAUMATIC KNEE PAIN (PAIN HISTORY OF AT LEAST 2 MONTHS). PATIENTS CHARACTERISTICS WERE ASSESSED AT BASE LINE (PRE-SURGERY) USING CLINICAL, LABORATORY, IMAGE EXAMS AND SEVERAL VALIDATED QUESTIONNAIRES: VISUAL PAIN ANALOGUE SCALE (VAS) (0-100), 17 ITEMS PHYSICAL FUNCTION SUBSCALE OF WESTERN ONTARIO MCMASTER UNIVERSITIES OSTEOARTHRITIS INDEX (WOMAC) AND A LIKERT TYPE SCALE FOR SELF PERCEPTION OF SYMPTOMS EVOLUTION. 12 WEEKS AND 1 YEAR FOLLOW UP OUTCOMES WERE INTERPRETED IN CONJUNCTION WITH INITIAL AND FINAL (ARTHROSCOPIC) DIAGNOSIS.

RESULTS. DEMOGRAPHIC DATA: MOSTLY MEN (65,57%), MEAN AGE 50,2 YEARS (16 TO 67), URBAN AREA 70,49%, MEDIUM LEVEL OF EDUCATION (11,9 YEARS OF FORMAL EDUCATION), PROFESSIONAL/OCCUPATIONAL ACTIVE 78,68%, RETIRED FOR DISEASE CONDITIONS 11,41%. 54,09% WERE OVERWEIGHT OR OBESE AND MORE THAN 50% ASSOCIATED COMORBIDITIES. PREARTHROSCOPIC MOST FREQUENT DIAGNOSIS WERE: MENISCAL TEARS, KNEE OSTEOARTHRITIS WITH MENISCAL TEARS, LOOSE BODIES, KNEE INSTABILITY, PATELLA CHONDROMALACIA, OSTEOCHONDRITIS DISSICANS, PATELLA SUBLUXATION. ARTHROSCOPY REVELED MORE CASES OF OSTEOCHONDRITIS DISSICANS, ONE

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CASE OF TIBIAL AND TWO CASES OF FEMORAL CHONDROMALACIA, AND GOUT INTO TWO CASES. SYMPTOMS EVOLUTION AT 3 MONTHS AND ONE YEAR WAS GOOD FOR PAIN AND VERY GOOD FOR FUNCTION MOST OF THE PATIENTS BEING SATISFIED WITH THEIR FUNCTIONAL STATUS, EXCEPTING THE 2 PATIENTS WITH GOUT TO WHO THE POST SURGERY INFLAMMATORY STATE WAS VERY DIFFICULT TO BE CONTROLLED.

CONCLUSIONS. TREATMENT PURPOSE ARTHROSCOPY IN MIDDLE AGED ADULTS WITH OSTEOARTHRITIS AND PERSISTENT MECHANICAL PAIN HAS TO BE TAKEN INTO ACCOUNT, MOST OF THE PATIENTS BEING CAPABLE TO RETURN TO OCCUPATIONAL DUTIES. THE POSSIBLE ASSOCIATION OF CHRONIC INFLAMMATORY KNEE CONDITIONS SUCH AS GOUT OR RHEUMATOID ARTHRITIS HAS TO BE VERY GOOD INVESTIGATED PRIOR TO SURGERY.

KEYWORDS: KNEE PAIN AND FUNCTION, ARTHROSCOPY