

# Arthritis in the Knees

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## Introduction

Knee arthritis is often a particularly debilitating form of arthritis [1]. Almost any type of arthritis can cause problems with the knee. Arthritis is a condition in which the joints become inflamed. Arthritis can range from cartilage wear and tear, such as osteoarthritis, to inflammation caused by an overactive immune system, such as rheumatoid arthritis (such as rheumatoid arthritis)[2].

## Description

### Causes

It's not always clear why arthritis develops in the knee. Almost any type of arthritis can affect the knee, including those caused by mechanical damage to the knee's structures (osteoarthritis and post-traumatic arthritis), autoimmune arthritis (including rheumatoid arthritis, juvenile arthritis, and SLE-related arthritis, psoriatic arthritis, and enclosing spondylitis), infectious arthritis (including Lyme disease-related arthritis), gouty arthritis, and reactive arthritis [3].

### Knee osteoarthritis is a type of arthritis that affects the knee joint.

One of the most common joints affected by osteoarthritis is the knee [2]. After prolonged tension, cartilage in the knee may begin to break down, causing the bones of the knee to scrape against each other, culminating in osteoarthritis. By the age of 70, about a third of Americans have osteoarthritis of the knee. Obesity is a well-known and highly important risk factor for osteoarthritis [4]. Risk rises in direct proportion to body weight. Obesity contributes to the development of OA by increasing not just the mechanical stress placed on the knees when standing, but also by increasing the synthesis of chemicals that might induce joint inflammation.

Parity is linked to a higher incidence of knee OA and the need for knee replacement. The danger rises in direct proportion to the number of children a woman has given birth to. This could be attributed to postpartum weight gain or increased body weight and joint stress during pregnancy [5]. Flat feet are a substantial risk factor for osteoarthritis development. Furthermore, anatomical deformities, old age, female sex, previous joint damage, genetic susceptibility, and certain at-risk vocations may all play a role in the development of osteoarthritis.

Knee arthritis caused by Lyme illness

- In Lyme disease, the knee is frequently the first joint to be affected.
- Lupus erythematosus (SLE) is a type of lupus that affects the entire body.

SLE is associated with arthritis, which is a common symptom. Arthritis is frequently symmetric and affects tiny joints. Though practically any joint can be impacted by SLE, the knees and hand joints are the most commonly affected. Avascular necrosis, which causes more pain and incapacity in larger joints (such as the knee), is a possible consequence [6].

## Rheumatoid arthritis

Lower limb oligoarthritis, especially knee oligoarthritis, is a common symptom of reactive arthritis.

## Gout

Arthritis of a single joint of the lower extremities with rapid onset is highly suggestive of gouty arthritis. The knee may sometimes be affected. In cases of gouty arthritis of the knee, skin symptoms occur less often, however pain and swelling may be particularly intense.

## Diagnosis

### Knee osteoarthritis is a type of arthritis that affects the knee joint

Persistent knee discomfort, limited morning stiffness and impaired function, crepitus, restricted movement, and bony expansion appear to be the most useful signs of knee osteoarthritis for diagnosis, however medical imaging and blood testing may also be used [7].

## Conclusion

The Knee Injury and Osteoarthritis Outcome Score (KOOS) and short form KOOS JR, as well as the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC), can be used to diagnose and track the progression of knee osteoarthritis.

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## Conflict of Interest

None

## References

1. Wise BL, Niu J, Zhang Y, Felson DT, Bradley LA, et al. (2013) The association of parity with osteoarthritis and knee replacement in the multicenter osteoarthritis study. *Osteoarthritis and cartilage* 21:1849-1854.
2. Gross KD, Felson DT, Niu J, Hunter DJ, Guermazi A, et al. (2011) Association of flat feet with knee pain and cartilage damage in older adults. *Arthritis Care Res* 63:937-944.
3. Grossman JM. *Lupus arthritis* (2009) *Best Pract Res Clin Rheumatol* 23:495-506.

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4. Hamdulay SS, Glynn SJ, Keat A (2006) When is arthritis reactive? *Postgrad Med J* 82:446-453.
5. Tausche AK, Aringer M (2016) Gouty arthritis. *Zeitschrift für Rheumatologie* 75:885-898.
6. Ragab G, Elshahaly M, Bardin T (2017) Gout: An old disease in new perspective—A review. *J Adv Res* 8:495-511.
7. Zhang W, Doherty M, Peat G, Bierma-Zeinstra MA, Arden NK, et al. (2010) EULAR evidence-based recommendations for the diagnosis of knee osteoarthritis. *Ann Rheum Dis* 69:483-489.