



Arthroscopy is used to Treat OA of the Knee in Middle-Aged Athletes

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Abstract

Osteoarthritis patients' knee arthroscopies are still debatable. In a patient with painful arthritis and in the absence of mechanical complaints, the results of arthroscopic debridement are unpredictable and transient. However, increased knee function can be anticipated in carefully chosen individuals with mild to severe arthritis on standing radiographs, acute onset of symptoms, well-localized joint line discomfort, and uncomfortable mechanical symptoms. Knee arthroscopies performed on osteoarthritis patients are still disputed. The outcomes of arthroscopic debridement in a patient with painful arthritis and in the absence of mechanical complaints are unpredictable and momentary. However, in carefully selected patients with mild to severe arthritis on standing radiographs, abrupt onset of symptoms, well-localized joint line discomfort, and uncomfortable mechanical symptoms, enhanced knee function can be anticipated.

Keywords: Arthroscopies; Standing radiographs; Joint line discomfort; Enhanced knee; Uncomfortable mechanical symptoms

Introduction

Due mostly of increased exercise levels, knee arthritis has grown more prevalent in middle-aged active adults. From isolated unicompartamental degenerative alterations to advanced tri-compartmental arthritis, the pathophysiology of disease spans a wide spectrum. Meniscus tears, cartilage degeneration, ligamentous instability, and potential limb malalignment are all associated with the arthritic alterations. Weight loss, activity modification, analgesic or anti-inflammatory medications, intra-articular injections of viscosupplements or steroids, muscle strengthening, and off-loading of an isolated affected compartment with a brace or heel wedge are all parts of comprehensive non-operative management to lessen the pain associated with arthritis. For middle-aged athletes, activity adjustment is frequently ineffective, and when non-operative treatments are unsuccessful, surgical surgery may be considered.

There is still much controversy over the use of arthroscopic debridement in individuals with knee Osteoarthritis (OA). The use of arthroscopy in patients with advanced OA of the knee does not appear to be beneficial. Patients with mild to severe OA who also have symptoms of meniscus disease, impinging osteophytes, or loose bodies, however, may benefit tremendously from arthroscopy [1].

The wide diversity of inclusion criteria, surgical techniques, and outcome measures employed in various retrospective and even prospective studies can be used to explain conflicting viewpoints based on orthopedic literature. In certain series, patients with severe arthritis-related chronic knee pain are featured, whereas in other series, degenerative meniscal tears are the cause of acute symptoms. Additionally, arthroscopy "debridement" combines several operations into a single surgery [2, 3].

Example of a case

Despite having radiological severe OA of the medial compartment, a 53-year-old active tennis player only had an immediate onset of painful locking in his knee as his only presenting symptom. The progressive OA of the medial compartment was confirmed during arthroscopy but was fully eased when the osteochondral loose body was removed from the supra patellar pouch [4, 5]. He was then able to resume his regular activities. A 47-year-old female active cyclist was diagnosed with medial compartment OA, which was known to have symptoms, but she also had mechanical catching in the lateral region of

the knee as a result of a twisting injury. On her radiographs, the medial compartment showed substantial OA, whereas the lateral compartment of the opposite showed only mild to moderate alterations [6]. An unstable flap tear of the posterior horn of the lateral meniscus was seen on an MRI. The symptomatic lateral tear was diagnosed by arthroscopy and was surgically repaired. She was able to resume her prior level of activities [7, 8].

Absorptionplasty

In the 1950s, Pridie 22 was the first to suggest drilling through eburnated bone to encourage the production of reparative cartilage. Johnson²³ pioneered the use of motorized instrumentation for grade 4 eburnated chondral lesions in abrasion arthroplasty in the early 1980s. In order to form a fibrous healing tissue over the defect, a superficial layer of 1 to 3 mm of subchondral bone is removed during this treatment. However, only one out of eight biopsy samples in Johnson's series showed any cartilage that resembled hyaline [9].

Complication

The low morbidity and comparatively speedy recovery associated with arthroscopic therapy of OA make it appealing. Even though arthroscopy problems are uncommon, their occurrence seems to be rising—or at the very least, difficulties are now better recognized and reported. Additional articular cartilage damage, tool breakage, neurological damage, and vascular injury are examples of intraoperative consequences. When a piece of the capsule is removed close to the portal opening, a capsular herniation might result, which is a common complication. This appears as a painful fluid buildup in the subcutaneous tissues and has an unsightly aesthetic manifestation. The joint connects freely with the subcutaneous tissues, which can jeopardize the outcome of future treatments like TKA. In order to avoid removing any of the capsules during the arthroscopic debridement, we

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advise caution. Postoperative consequences can include infra patellar contracture infrapatellar thromboembolism hemarthrosis infection effusion and synovitis [10].

Conclusion

It can be difficult to decide whether to perform arthroscopic debridement on individuals with knee OA. However, there should be a high probability of success if the treating surgeon keeps the following guidelines in mind. First and foremost, it's crucial that the orthopedic surgeon treats the patient's symptoms in addition to the MRI results. Meniscal degeneration and tearing can typically be seen on an MRI of an arthritic knee, but the cause of the patient's symptoms isn't always clear. In conclusion, after a thorough non-operative therapy program has failed, carefully chosen patients with mild to moderate unicompartmental degenerative disease and normal to nearly normal alignment can be considered for arthroscopy. The efficient but constrained treatment of arthroscopic debridement of unstable, torn, degenerative meniscal fragments that are generating mechanical symptoms, joint line pain, and recurrent effusion. The underlying disease process, the limited effects of the arthroscopic treatment, the potential risks, and the probable need for subsequent reconstructive surgery should all be discussed with middle-aged sportsmen.

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