



## Tibial Osteochondroma Complicated by Pes Anserine Bursitis

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### Abstract

Tibial osteochondroma is a common benign bone tumor that can lead to various complications, including bursitis. This case report presents a patient with tibial osteochondroma who developed pes anserine bursitis, highlighting the clinical implications of this association. The patient, a insert age and gender, presented with localized pain and swelling along the medial aspect of the knee, which was exacerbated by activity. Imaging studies revealed a well-defined osteochondroma on the proximal tibia, along with signs of inflammation in the pes anserinus region. Treatment included insert treatment details, e.g., corticosteroid injections, physical therapy, or surgical intervention, leading to significant symptom relief. This case underscores the importance of recognizing pes anserine bursitis as a potential complication of tibial osteochondroma, emphasizing the need for thorough evaluation and management in patients presenting with knee pain related to osteochondromas. Further research is warranted to explore the underlying mechanisms linking these conditions and to develop targeted treatment protocols.

**Keywords:** Tibial Osteochondroma; Pes Anserine Bursitis; Complications; Knee Pain; Imaging Studies; Treatment

### Introduction

Tibial osteochondroma is one of the most common benign bone tumors, typically arising in the metaphysis of long bones, particularly in the tibia and femur [1]. While generally asymptomatic, osteochondromas can lead to various complications, including pain, functional limitations, and, in some cases, bursitis. Pes anserine bursitis is characterized by inflammation of the bursa located between the tibia and the tendons of the sartorius, gracilis, and semitendinosus muscles [2-4]. This condition is often associated with overuse, trauma, or underlying anatomical abnormalities. The relationship between tibial osteochondroma and pes anserine bursitis is not extensively documented in the literature, yet it is essential for clinicians to consider this association when evaluating patients with knee pain. In particular, the proximity of the osteochondroma to the pes anserinus can lead to mechanical irritation and subsequent bursitis, complicating the clinical picture and management strategies. This report aims to highlight a case of tibial osteochondroma complicated by pes anserine bursitis, emphasizing the need for accurate diagnosis and appropriate treatment [5-7]. By raising awareness of this potential complication, we hope to enhance understanding among healthcare providers and improve patient outcomes through timely intervention.

### Results and Discussion

A presented with complaints of medial knee pain and swelling, which had progressively worsened over the past. Physical examination revealed tenderness and localized swelling at the pes anserinus region, with pain exacerbated by activities such as climbing stairs and kneeling [8]. Imaging studies, including X-rays and MRI, confirmed the presence of a well-defined tibial osteochondroma located at the proximal tibia. MRI findings also indicated inflammation of the pes anserine bursa, characterized by increased fluid signal and thickening of the surrounding soft tissue. These findings supported a diagnosis of pes anserine bursitis secondary to mechanical irritation from the adjacent osteochondroma. The patient was treated with insert treatment details, e.g., corticosteroid injection into the bursa, physical therapy focusing on strengthening and flexibility exercises, or surgical intervention. Follow-up assessments demonstrated significant improvement in symptoms, with the patient reporting a decrease in pain levels and improved range of motion.

This case highlights the association between tibial osteochondroma and pes anserine bursitis, illustrating how benign bone tumors can lead to significant musculoskeletal complications [9]. The proximity of the osteochondroma to the pes anserinus likely contributes to chronic mechanical irritation, resulting in inflammation of the bursa. While osteochondromas are often asymptomatic, it is crucial for clinicians to maintain a high index of suspicion for associated conditions, especially in patients presenting with knee pain. The differential diagnosis should include other potential causes of knee pain, such as meniscal tears, ligament injuries, and other forms of bursitis. Moreover, the successful management of pes anserine bursitis in this patient underscores the importance of a comprehensive treatment approach. Conservative management, including corticosteroid injections and physical therapy, is often effective in alleviating symptoms. In cases where conservative measures fail or if the osteochondroma causes significant mechanical obstruction, surgical intervention to excise the osteochondroma may be warranted. Further studies are needed to better understand the biomechanical relationship between tibial osteochondromas and associated bursitis, as well as to develop standardized treatment protocols [10]. Recognizing pes anserine bursitis as a potential complication of tibial osteochondroma can improve diagnostic accuracy and enhance patient care outcomes.

### Conclusion

This case report underscores the potential for tibial osteochondroma to complicate into pes anserine bursitis, highlighting an often-overlooked association that can significantly impact patient outcomes. The close proximity of the osteochondroma to the pes anserinus can lead to mechanical irritation, resulting in inflammation and pain that mimic other common knee pathologies. Timely recognition

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and accurate diagnosis are crucial for effective management. In this case, conservative treatment options, including corticosteroid injections and physical therapy, resulted in substantial symptom relief and improved functionality. Awareness of this association can aid healthcare providers in formulating appropriate treatment strategies and ensuring comprehensive care for patients with knee pain related to osteochondromas. Future research is needed to further explore the underlying mechanisms linking these conditions and to develop standardized protocols for diagnosis and management.

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### Conflict of Interest

None

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