



Endoscopic Techniques for Resolving Chronic Olecranon Bursitis

Denial Mullikan*

Department of Rheumatology, University of Tours, France

Abstract

Chronic olecranon bursitis is an inflammatory condition affecting the bursa located at the tip of the elbow, often leading to significant discomfort and functional impairment. Traditional treatment methods, including conservative management and open surgical techniques, may not always yield satisfactory results, particularly in recalcitrant cases. This abstract reviews the application of endoscopic techniques for the treatment of chronic olecranon bursitis, highlighting their advantages in minimizing surgical trauma and promoting faster recovery. Endoscopic olecranon bursectomy allows for direct visualization and access to the bursa while preserving surrounding tissues. This minimally invasive approach can effectively remove inflamed bursal tissue, reduce pain, and restore elbow function. Clinical outcomes from recent studies indicate that patients undergoing endoscopic bursectomy experience significant pain relief and improved range of motion, with lower complication rates compared to traditional open surgery. Furthermore, the review emphasizes the importance of proper patient selection, technique, and postoperative rehabilitation in achieving optimal results. As the understanding of endoscopic techniques continues to evolve, this approach represents a promising option for managing chronic olecranon bursitis, offering a balance of efficacy and patient-centered care. Future research is encouraged to further explore long-term outcomes and refine procedural techniques in the context of chronic elbow conditions.

Keywords: Endoscopic bursectomy; Chronic olecranon bursitis; Minimally invasive surgery; Pain relief; Surgical outcomes; Rehabilitation

Introduction

Chronic olecranon bursitis is characterized by inflammation of the bursa located at the posterior aspect of the elbow, often resulting in pain, swelling, and restricted motion [1]. This condition can arise from various etiologies, including repetitive trauma, prolonged pressure, or inflammatory diseases. While conservative management strategies such as rest, ice, and nonsteroidal anti-inflammatory drugs (NSAIDs) are typically effective in mild cases, they may fail to provide relief for patients with persistent or recurrent symptoms. When conservative measures are insufficient, traditional treatment options have included open surgical bursectomy, which involves excising the inflamed bursa through a larger incision. While this approach can be effective, it often results in longer recovery times, increased postoperative pain, and potential complications such as infection and scarring. In recent years, endoscopic techniques have emerged as a promising alternative for managing chronic olecranon bursitis. Endoscopic bursectomy offers several advantages, including minimized surgical trauma, reduced postoperative pain, and quicker recovery times [2]. This minimally invasive approach allows for direct visualization of the bursa, enabling precise excision of inflamed tissue while preserving surrounding structures. This review aims to explore the role of endoscopic techniques in the management of chronic olecranon bursitis [3-6]. By examining clinical outcomes, potential benefits, and considerations for implementation, this introduction sets the stage for understanding how endoscopic bursectomy can enhance patient care and improve recovery in individuals suffering from this debilitating condition.

Results and Discussion

Recent studies evaluating endoscopic techniques for the management of chronic olecranon bursitis have demonstrated promising outcomes. Key findings from the literature include: Clinical trials and case studies report significant reductions in pain levels and improvements in elbow function following endoscopic bursectomy [7]. Patient-reported outcome measures (PROMs), such as the Visual Analog Scale (VAS) for pain and the Disabilities of the

Arm, Shoulder, and Hand (DASH) questionnaire, indicate marked enhancements in quality of life postoperatively. The incidence of complications associated with endoscopic procedures appears to be lower compared to traditional open bursectomy. Studies highlight fewer instances of infection, hematoma formation, and nerve injury, contributing to a favorable safety profile for endoscopic techniques [8]. Patients undergoing endoscopic bursectomy typically experience shorter hospital stays and faster return to daily activities. Most patients are able to resume normal activities within weeks, compared to longer recovery times associated with open surgery. Follow-up data indicates sustained improvements in pain relief and elbow function, with many patients maintaining satisfactory results for several months to years after the procedure. This long-term efficacy reinforces the viability of endoscopic bursectomy as a treatment option.

The transition to endoscopic techniques for chronic olecranon bursitis reflects a broader trend in orthopedic surgery toward minimally invasive procedures. The advantages of endoscopic bursectomy, including reduced surgical trauma, lower complication rates, and quicker recovery, make it an attractive option for both patients and surgeons. The success of endoscopic bursectomy is attributed to its ability to provide direct visualization of the bursa and surrounding anatomy, allowing for precise tissue excision while minimizing damage to healthy structures [9]. This precision is particularly important in the elbow region, where nerve and vascular structures are in close proximity to the bursa. Despite the promising results, it is essential to consider factors such as patient selection, surgical technique, and

*Corresponding author: Denial Mullikan, Department of Rheumatology, University of Tours, France, E-mail: debial.dm@mullikan.com

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postoperative rehabilitation in achieving optimal outcomes. Patients with significant underlying conditions, such as advanced degenerative joint disease or systemic inflammatory disorders, may not achieve the same level of success and should be evaluated on a case-by-case basis. Future research should focus on larger, multicenter studies to further validate the long-term efficacy and safety of endoscopic bursectomy. Additionally, exploring the integration of enhanced recovery protocols and comparative studies against traditional methods will provide a clearer understanding of the role of endoscopic techniques in the management of chronic olecranon bursitis [10]. In conclusion, endoscopic techniques represent a significant advancement in the treatment of chronic olecranon bursitis, offering a minimally invasive option that balances efficacy with patient-centered care. As surgical methods continue to evolve, ongoing evaluation and adaptation of these techniques will be crucial for optimizing outcomes in patients with this condition.

Conclusion

Endoscopic bursectomy has emerged as a promising minimally invasive approach for managing chronic olecranon bursitis, demonstrating significant advantages over traditional open surgical techniques. The reviewed literature highlights the efficacy of this method in reducing pain, improving elbow function, and minimizing complications. Patients undergoing endoscopic procedures typically experience faster recovery times and a quicker return to daily activities, contributing to enhanced overall quality of life. The ability to precisely visualize and excise the inflamed bursa while preserving surrounding structures is a key benefit of endoscopic techniques, making them particularly suitable for this condition. However, careful patient selection and consideration of underlying factors are essential to optimize outcomes. As the understanding of endoscopic bursectomy continues to evolve, future research should focus on larger-scale studies to validate long-term results and refine surgical protocols. By embracing these advancements, healthcare providers can improve management strategies for chronic olecranon bursitis, ultimately leading to better patient care and satisfaction.

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Conflict of Interest

None

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