

KNEE OSTEOARTHRITIS

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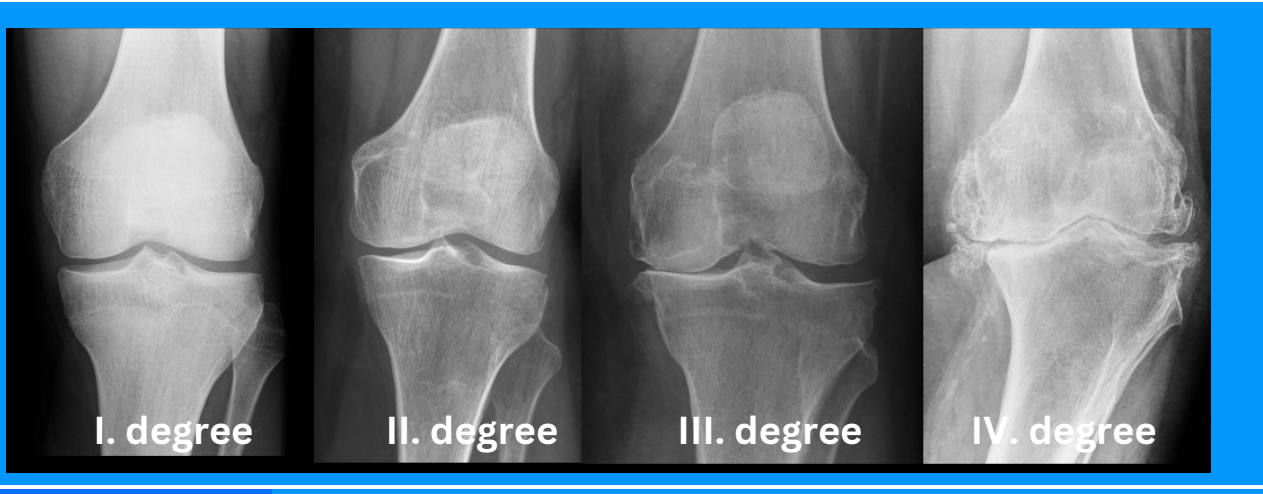
Knee osteoarthritis (OA) is one of the most common diseases of the knee joint. It is a degenerative joint disease to the articular cartilage (loss of cartilage height through wear and tear), but changes also affect the adjacent bones, surrounding ligaments and joint capsule. The causes of osteoarthrosis can be primary (older age, overweight, overuse ...) or secondary (intra-articular fractures, ligament injuries, rheumatic diseases, infections).

Symptoms

Osteoarthritis (OA) is most often manifested by knee pain, first there is pain during activity or after demanding activity and later there may be pain at rest and at night. At the same time, there may be limitation of knee motion (flexion, full extension), development of axial deviation (knees in "O" or "X"), formation of repeated effusions. Problems may gradually worsen and limit sports or normal daily activity.

Diagnostics

The degree of damage to the joint is assessed by the X-ray image - a total of 4 grades. Magnetic resonance imaging is used to more accurately assess the height of the cartilage, the depth of the defects.



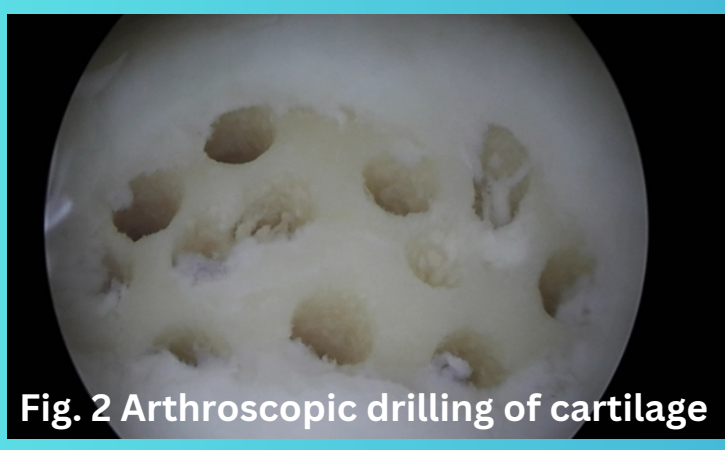
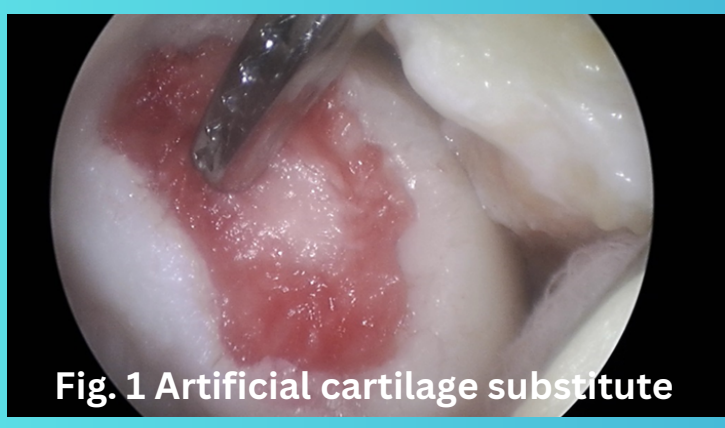
Conservative treatment

The choice of therapy depends mainly on the degree of damage to the joint, the severity of pain, limitation of ROM, activity, etc. As part of the conservative procedure, an anti-inflammatory spray is applied to the joint. Injections of hyal. acid and plasma directly into the joint have a very good long-term effect. Prevention is of course important - weight reduction, sports activities such as cycling and swimming are ideal.



Surgery

In case of exhaustion of conservative therapy, we proceed to surgical solution. In the first stages of OA (stages I-II) we choose arthroscopic treatment of the cartilage (Fig. 1, 2) and menisci (Fig. 3). In the case of arthrosis with concomitant knee misalignment (knees in an "O" or "X"), corrective osteotomy (Fig. 4) is performed to prevent further overloading of the damaged side of the joint and with the high hope of saving the knee in the future from artificial knee replacement. In cases of advanced arthrosis, partial (Fig. 5) or total (complete) knee replacement (TKA) is the only option (Fig 6).



More information including videos can also be found at www.ortopedickeoperace.cz