

A Case Report Of Osteochondritis Dissecans Of The Knee

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INTRODUCTION:

Knee pain is a common presentation at the orthopedic clinic, one of the cause of knee pain is osteochondritis dissecans. It is a rare condition characterized by a localized injury affecting articular surface of the knee that involved separation of cartilage and subchondral bone. The etiology is unknown but it may occur after trauma. Although the disease is typically self-limiting in children, it can lead to considerable morbidity in adults. We presented a case of osteochondritis dissecans in the knee of an adult

REPORT:

A 24-year-old male presented to us with recurrent right knee pain for 2 years. The pain was dull and aching in nature and more pronounced after prolonged walking and running. He also complained of knee effusion, which is usually associated with pain that resolves by itself within 2–3 days. He denied knee instability or locking of the right knee. On examination, there was minimal tenderness at the medial femoral condyle, and there was no ligament laxity. A plain x-ray of the right knee showed an incomplete subchondral line, which can be seen in AP view. We proceeded with an MRI of the right knee, which showed a focal area of hyperintense signal at the medial femoral condyle size of 1cm x 1.4cm on T2 with a non-displaced osteochondral defect. In view of the significant pain, he has undergone arthroscopic debridement, osteochondral repair with hyalofast, and bone marrow aspiration to treat his injury. At 6 months post-operation, pain is much reduced with a visual analog score of 2-3 (6-7 pre-operative).



Figure 1: AP x-ray of the knee showing osteochondral fracture line at medial condyle femur



Figure 2: MRI showing the characteristic hyperintense signal at the subchondral area medial condyle femur

CONCLUSION:

Osteochondritis dissecans (OCD) is a rare condition that can cause knee pain. The management of this lesion depends on how severe the disease is. In pediatric patients, non-operative treatment and observation are the best approaches because of the self-limiting nature of the disease. Operative treatment is usually offered to patients with failed non-operative treatment or those with significant morbidity. The choice of surgery depends on the size of the osteochondral fragment. For a small fragment, debridement by itself is usually sufficient to address the pain. Subchondral drilling is sometimes done to replace the chondral defect with fibrous tissue. In a larger defect, debridement and chondral replacement are done. In our patient, the initial osteochondral defect measures 1cm by 1.4 cm, which is considered a big defect. Bone marrow injection is done to enhance subchondral bone formation, and osteochondral repair with hyalofast is done.

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