

Physiotherapy did not help wife's swollen knee

Q My wife feels pain in her right knee and was diagnosed with osteoarthritis. She also has a meniscus tear. The magnetic resonance imaging scan showed a possible cystic lesion too.

She has been faithfully doing her physiotherapy and swims three times a week, as recommended by the doctor. After two months, there is still pain and swelling in her right knee. She takes prescribed painkillers only when necessary. Should she go for surgery?

A The symptoms experienced by your wife is commonly seen in middle aged and older women, either due to degeneration or twisting injuries which may appear innocuous.

Our knees are subjected to constant stress and strain in our daily activities. This results in the wear and damage of the cartilage and meniscus.

When the knee joint is damaged with worn-out cartilage, walking can

be an arduous and painful task.

Joint cartilage is smooth and helps to reduce friction between the bones while walking.

It can be damaged in an acute injury, such as a twisting injury, a fall on the knee joint, or a direct kick to the knee. It can also be damaged as a result of overuse or excessive stress on one side of the joint due to mal-alignment, which usually occurs in bow-legged knees.

Cartilage, like our adult teeth, do not grow back once it is damaged.

Therefore, in joints that are significantly damaged, the uneven surface creates much pain and swelling due to the increased friction. This is what your wife is experiencing.

The meniscus tear in your wife's knee may be a factor in causing pain and swelling.

If the tear is small, the meniscus stays connected to the front and back of the knee and is stable. If the tear is large, it is usually unstable and the meniscus flap will flop in and out of the knee joint. The severity of

the symptoms of a tear greatly depends on its location and extent.

Another concern for your wife is the cystic lesion. A repeat MRI will be helpful to assess the nature of the lesion and if it is suspicious, arthroscopy with biopsy of the lesion is advisable.

As for the osteoarthritis, glucosamine supplements will be helpful.

Given that anti-inflammation medication is not helping, joint lubrication may relieve most of the pain. This is where a joint lubricant is injected directly into the knee joint, a procedure that can be done in the clinic.

The pain relief can last for as long as two years, but in severe joint damage, results can be poor.

Platelet rich plasma (PRP), drawn from the patient's own blood and then injected back into the knee, can help speed up the healing of cartilage and meniscus tears.

The PRP can be injected under ultrasound guidance to the torn meniscus as well as into the joint.

If this is not effective, arthroscopy may be needed to identify and treat the structural problems within the knee. The damaged and unstable portion of the meniscus may need to be surgically removed.

If there is a cartilage defect, it can be covered up by several methods.

In severe and widespread damage of the cartilage, and if the patient is older, a knee replacement will be a better option.



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Rediscover the joy of movement

It is during times when we encounter physical challenges that we truly missed the things that we love to do most. Thankfully, these physical challenges can be overcome with timely intervention from our orthopedic specialists. With a myriad of treatments ranging from pain management to replacement, reconstruction and physiotherapy, it may not be long before you rediscover the joy of moving around freely.

To understand more about your orthopaedic conditions, you can reach out to our panel of doctors at the clinics listed below at Mount Alvernia Hospital

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