

Multidisciplinary Approach for the Syndrome of Chronic Synovitis of the Knee: Clinical Diagnostics and Management

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Introduction. Background: objective verification of the chronic synovitis syndrome (CSS) of the knee joint and optimization indicating to surgical treatment.

Insufficiency of the knowledge about the etiology of chronic knee synovitis and possible complications in case of incorrect treatment served as the motivation to develop the diagnostic algorithm of CSS and optimization of the indications to surgical management.

Aim, Materials and Methods. For the period from 2003 to 2015, there have been examined 588 patients suffering from chronic synovitis syndrome of the knee joint with different etiological factors in our clinic. 123 patients (20.5%) were women and 477 (79.5%) – men. Mean age was 41.5 years.

Common etiologic factors of CSS were: urogenous etiology 210 patients (35.3%), rheumatoid arthritis – 259 (43.1%), TBS – 61 (10%), brucellosis – 58 (12%). Laboratory and instrumental investigations include: MRI, ELISA analysis, blood test for rheumatic factor, tuberculosis, brucellosis, arthroscopy and biopsy.

Results. Popular and pernicious ways treatment of CSS by means of knee puncture and steroid injections led to a situation where the progress of CSS diagnostics and the results of management have been nullified. The main methods used were diagnostic arthroscopy in 481 cases or 80.2% (including arthroscopic synovectomy in 380 patients or 79%), knee replacement surgery (20 cases or 3.3%) and open sinovectomy (59 patients).

Conclusions. Arthroscopy of the knee is recommended when conservative treatment methods (by venereologist, rheumatologist and infectiologist) do not result well for over 6 months in order to prevent the knee cartilage destruction. In severe cases the replacement surgery is the method of choice.