



Treatment of Osteoarthritis for Various Joints

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I. INTRODUCTION

In this paper i just want to present all the patients whom i have come acrossed during post graduation at kims -rf amalapuram and area hospital - narsipatnam regarding osteoarthritis and their treatment procedures and outcome.

II. METHODS

It is an both in patient and out patient survey of the konaseema institute of medical science and research foundation and area hospital narsipatnam. The major diagnostic tools are the clinical signs and symptoms , radiographic studies ,heamatological studies for differetial diagnosis, serology,biochemistrial investigations.

It is random sampling study purely based on patient complaints and clinically correlated investgated based study.

These are people who whave under gone various treatment for osteoarthritis

- 1Mmukhyaveni female 42 year old
- 2 M.gurumurthi age 52 year old
- 3 S.nooka ratnam 47 year old
- 4.J narayana 65 year male
- 5 Ch .nagamani 58 year old
- 6.Kudipudi satyavathi 45 year old
- 7 R.pushpavathi 54 year old
- 8.K.ratnam 67 year old
- 9.E. Sarada 52 year old female
- 10 .K c peddintulu
- 11 .T.anantha laxmi 55 year old female
- 12 M.akaula adi lakshmi 41 year female
- 13.B, chanti 65 year old male
- 14 .V.drgamba 48 year old female
- 15 .Ch v v satyanarana 48 year old male
- 16.K.sujatha 50 year female
- 17 Ch .siamani 60 year
- 18 C manga 55 year old female
- 19.R srinivasa rao 45 year old male

- 20 V manikayala rao 64 year old
- 21 K.devi 28 year old female
- 22.N.meri 45 year old female
- 23.Ch.parvathi 55 year year old female
- 24 .N nagamani 45 year old female
- 25.G.suryakumari 45 year female
- 26.G.pedhiraju male 75 year old.

There are n number of people more than 100 's are suffering with osteoarthritis of various joints.

The main complaits of the patients are

- 1 Pain
- 2 Swelling
- 3 Deformity
- 4.Mayalagia
5. Give away of the joint
6. Joint stiffness

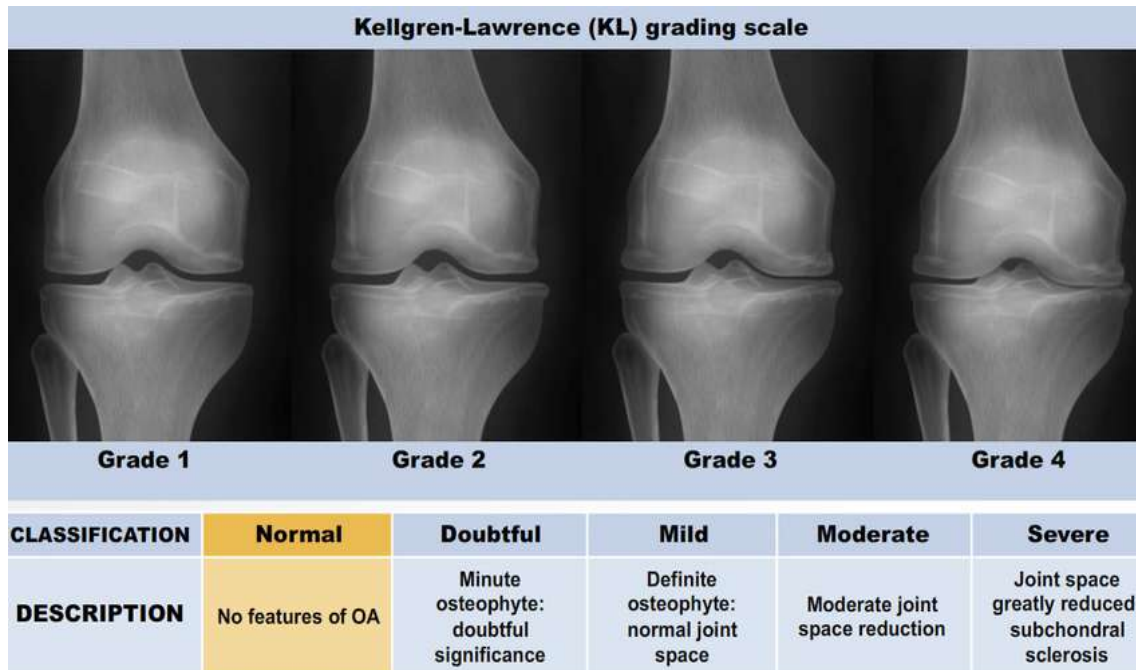
The clinical findings are

- 1 Joint line tenderness especially in knee joint it is the medial joint line tenderness
- 2 Crepitus
- 3 Range of movements around joint are reduced
- 4.Suprapatellar fullness
- 5.Muscle wasting ,quadriceps

The radiological findings are

- 1 Joint space reduction
- 2 Subchondral cysts
- 3.Sclerotic margins
- 4.Osteophytes which later become a loose bodies
- 5.Bony ankylosis or arthrodesis of joint .

I followed the kellgren lawrence grading scale because itis the easiest way of intrepretation in outpatient based, especially medical camps which are proudly and very hospitabally conducted by the kims rf and the government ,the politicians and the police department ,respectable local members of amalapuram



Meyering classification (A) 0% to 25% is a Grade I slip, (B) 25% to 50% is a Grade II slip, (C) 50% to 75% is a Grade III slip, (D) 75% to 100% is a Grade IV slip, and (E) spondyloptosis > 100% is a Grade V slip; (F) this image shows all grades compared with normal alignment.

III. MATERIALS AND METHODS

Platelet rich plasma kit
 Procedure -10 ml of blood, in vacutainers with sodium citrate or edta tubes are also used in order to prevent clotting.
 Centrifuge with counter balance for first spin if about 10 min and 2nd spin of about 5 min.
 The supernatant fluid of 5 ml contains 10 lakhs of platelets which is efficient for regeneration of cartilage of the joint.
 Under aseptic condition we have to inject from laterally in to the joint space.
 Epidural steroid for spondylosis i used here is hydrocortisone in the epispace of 2 ml under aseptic conditions at the joint tenderness area.
 Intraarticular steroids for knee elbow shoulder were also given for some patients
 Here the most commonly used steroid is hydrocortisone 100mg /2ml and kenacort 40mg/ml.
 All these injections given with lignocaine 2 % based upon on the quantity.

Conservatively managed with hot compression, analgesics and NSAIDs orally.

Surgically few went for proximal fibular osteotomy .

procedure 8 to 11 cm from the joint line fibula shaft bone cut of 2 to 5cm under aseptic condition .it is also minimally invasive procedure .

Synovial fluid analysis also done for synovitis of knee joint

Here the patient came with a huge swelling, and arthrocentesis done by me and i observed there is reddish discoloration of the fluid present so in order to rule out hemarthrosis i send it to the pathology lab which confirms general osteoarthritis changes.

The procedure is to send 2 to 3 ml from aspirated synovial fluid of total 40 ml in a sterile container .

IV. RESULTS

50 percent of people satisfied with intra articular steroids and PRP

15 percent of people were satisfied with the conservative management

10 percent of people were satisfied with pfo

10 percent of people satisfied with pfo

15 percent were remained with deformities due to severe osteoarthritic changes especially knee joint as the total knee replacement is not available commercially to all mediums of people.



VIJAYA HOSPITAL
Srinagar, Andhra Pradesh

PATIENT'S NAME: Mr. G. VARALAKSHMI
IDENTIFICATION NO: 30918849
SAMPLE DATE: 15/09/2023 12:29:08
SAMPLE SOURCE: [Blank]

AGE | SEX: 57 | F
DATE: [Blank]
REPORT DATE: [Blank]

TEST NAME	RESULT	UNIT	BIOLO
Synovial fluid analysis			
Cell Count	125	Cells/mm ³	
Polymorph%	25%	%	
Mononuclear%	80%	%	
Glycose	55	mg/dl	
Protein	3.4	g/dl	
Albumin	2.0	g/dl	

ANDHRA PRADESH VAIDYA VIDHANA PARISHAD
OUT-PATIENT TICKET / రిపోర్ట్ టికెట్

పేరు: G. VARALAKSHMI
వయస్సు: 57
లింగం: F
రోగం: [Blank]

ప్రవేశించిన తేదీ: [Blank] నెంబర్: [Blank]
నిష్క్రమించిన తేదీ: [Blank] నెంబర్: [Blank]

ప్రవేశించిన డివిజన్: [Blank]
నిష్క్రమించిన డివిజన్: [Blank]

ప్రవేశించిన డాక్టర్: [Blank]
నిష్క్రమించిన డాక్టర్: [Blank]

Complaint: [Blank]
History: [Blank]
Examination: [Blank]
Investigation: [Blank]

Diagnosis: [Blank]
Treatment: [Blank]

Dr. [Signature]
(Dr. Name with Speciality)

Time: [Blank]
Op. Registrar: [Blank] Dr. Consultant: [Blank]
Procedure (Dressing / Injection): [Blank] Investigation: [Blank] Discharge: [Blank]

Synovial fluid of knee joint



THESE ARE THE FOLLOWING PEOPLE WITH OSTEOARTHRITIS OF VARIOUS JOINTS.



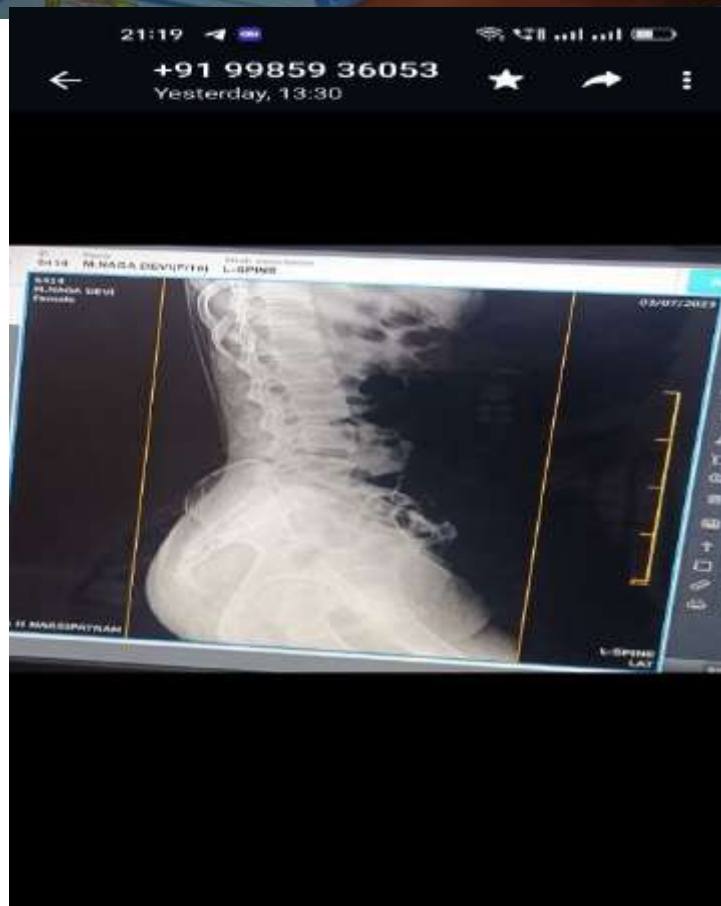
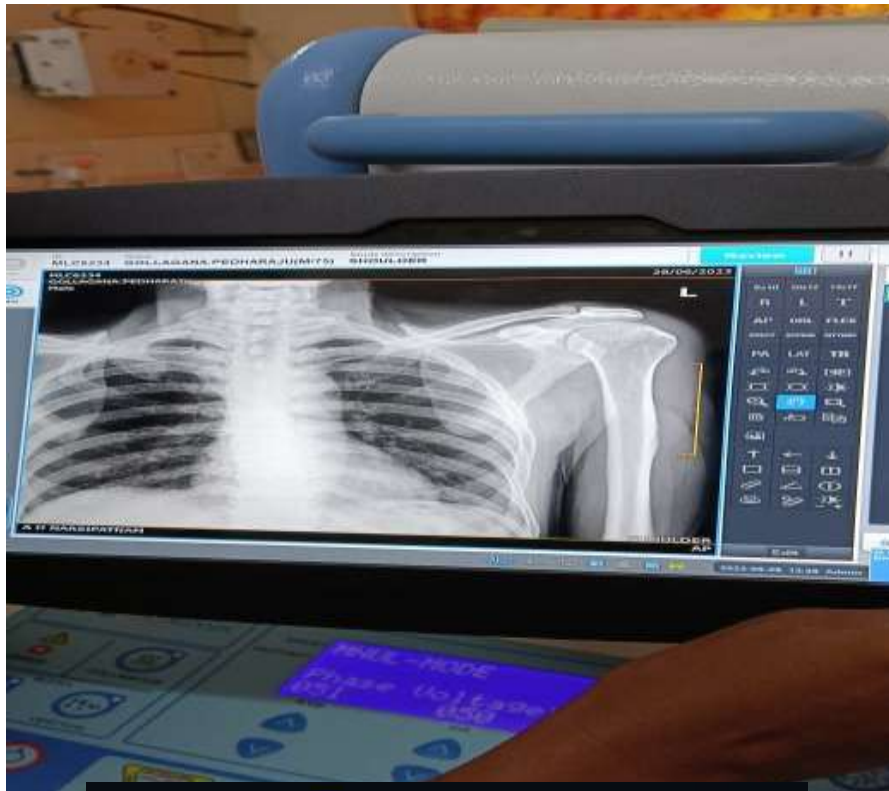


FOLLOW UP AFTER 6 MONTH OF PATIENT TREATED WITH SURGICAL MANAGENT OF PFO OF COMPLAINING PAINAND OTHER PATIENTWHO WENT PRP INJECTION IN KNEE JOINT SHE HAD RELIEVED SYMPTOMS AND DECREASED PAIN AND IMPROVED RANGE OF MOVEM ENTS.











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Fig. 47.22: Radiograph showing OA ankle
Fig. 47.23: Radiograph showing OA shoulder
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