

Case Report

Osteoarthritis Treatment-The Newer Treatment Options

Navin Kumar Devaraj*

Department of Family Medicine, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Selangor, Malaysia

***Corresponding Author:** Navin Kumar Devaraj, Department of Family Medicine, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia, Tel: +6013-3105381; E-mail: knavin@upm.edu.my

Received: 12 July 2019; **Accepted:** 26 July 2019; **Published:** 20 August 2019

Abstract

Osteoarthritis of the knee is a common condition in the elderly. However, active participation in sports and trauma may also lead to premature osteoarthritis. This case report looks at a 60 years old woman who had severe osteoarthritis of her knees and what treatment options were helpful for her.

Keywords: Osteoarthritis; Knee; Glucosamine; Visco-supplementation; Analgesics

1. Introduction

Osteoarthritis is a common condition, increasing particularly with age [1]. Common risk factor for its onset is increasing age, obesity, history of trauma as well as sports injury [1]. Its impact is enormous, both at individual levels and on the economic costs. At the individual level, it can cost severe impairment in quality of life and disability [2]. In terms of economy, it can result in use of scarce economic resources and as well as loss of productivity. This case report looks at a 60 years old woman who had severe osteoarthritis of her knees and what treatment options were helpful for her.

2. Case Report

A 60-years-old woman was seen at a primary care clinic having severe knee pain for the past 5 years. Starting with just mild pain, now the pain score has escalated to between 9-10/10 over the past 2 years. She recalled falling a few times when she was younger as a possible cause of the knee pains that she is having now. Among the various oral treatments that she has tried over the previous years were paracetamol, NSAIDs as well tramadol. Initially helpful, however, till recently it has only been partially helpful. On examination, there was crepitus over both knees with presence of mild effusion. Range of motion over both knees were reduced to 80 degrees of flexion. She was referred

to a rheumatologist who gave her intra-articular corticosteroids. She was seen again in one month, where she was given intra-articular visco-supplementation with hyaluronic acid, which has provided better control of her pain score which now ranges at 2-3/10. She was also prescribed glucosamine and a combination of oral analgesics containing paracetamol and tramadol. This combination of treatment has reduced her suffering dramatically and brought great joy as well to the treating physician.

3. Discussion

After ruling out the important differential diagnosis of rheumatological disorders as well as taking account the common symptoms and signs of osteoarthritis, a safe diagnosis of osteoarthritis can be made [3-6]. The use of simple imaging such as X ray can be very helpful to classify the grade of the osteoarthritis. Helpful treatment options other than discussed above include weight loss for those overweight and obese, referral for physiotherapy to improve range of motion as well as assistive devices to aid stability in walking [1]. More severe cases will need surgical intervention in the form of osteotomy, arthrodesis and total knee replacement [1]. Compliance to glucosamine as well as intermittent use of safer analgesic options will reduce many symptoms of osteoarthritis similar to compliance to other diseases such as hypertension and dyslipidaemia which often produces a favourable outcome for its user [7].

4. Conclusion

In summary, this was an interesting case of severe osteoarthritis of bilateral knee in an elderly woman in which various treatment options were used in her with some providing a great relief to her suffering.

Acknowledgement

The author would like to thank the patient for her kind permission in publishing of this case report.

References

1. Ministry of Health Malaysia. Clinical Practice Guidelines on The Management Of Osteoarthritis 2013. Malaysia: Ministry of Health Malaysia (2013).
2. Rashid AA, Devaraj NK, Kahar JA. Patellofemoral Pain: A Not So Trivial Knee Injury (A Case Report). International Journal of Human and Health Sciences (IJHHS) 3 (2019): 120-122.
3. Navin Kumar Devaraj. Temporomandibular Joint Dysfunction as a Cause of Facial Pain-A Case Report. Fortune Journal of Rheumatology 1 (2019): 009-011.
4. Devaraj NK. The difficult rheumatology diagnosis. Ethiopian journal of health sciences 28 (2018): 101-102.
5. Devaraj NK. The Atypical Presentation of Rheumatoid Arthritis in an Elderly Woman: A Case Report. Ethiop J Health Sci 29 (2019): 957-958.
6. Navin Kumar Devaraj. Giant cell arteritis: Where did we go wrong? Fortune J Rheumatol 1 (2019): 012-014.

7. Devaraj NK. Prevalence, Factors Influencing, and Knowledge About Adherence to Lipid-Lowering Therapy Among Hyperlipidemia Patients. *International Journal of Cardiology* 249 (2017): 7-8.

Citation: Navin Kumar Devaraj. Osteoarthritis Treatment-The Newer Treatment Options. *Fortune Journal of Rheumatology* 1 (2019): 031-033.



This article is an open access article distributed under the terms and conditions of the [Creative Commons Attribution \(CC-BY\) license 4.0](https://creativecommons.org/licenses/by/4.0/)