LETTER TO EDITOR

RECURRENT ASEPTIC PREPATELLAR BURSITIS

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Dear Sir,

A 27 year old male, fitter by occupation presented in OPD anxiously with recurrent right knee swelling for six year. Swelling was insidious in onset, associated with restriction of movement at knee joint and mild pain, lasting for twenty to twenty five days, regress spontaneously. Swelling was occurred once in a year .there was no history of fever, trauma, and other previous systemic illness. General and systemic examination was with in normal limit. On local examination there was fluctuating swelling over suprapatellar region with mild rubor, and restriction of movement at knee joint [Figure: 1a, 1b]. Patellar tap was negative differentiate it from synovitis. Patients sit and walked with difficulty. Investigations complete blood count, serum uric acid, HIV were with in normal limit, x-ray knee joint show no bony abnormality, USG knee joint show fluid collection in patellar and suprapatellar region. Fluid aspirate analyses were with in normal limit, to rule out septic bursitis. We managed conservatively with NSAID, icepacks, rest of joint, and knee cap.

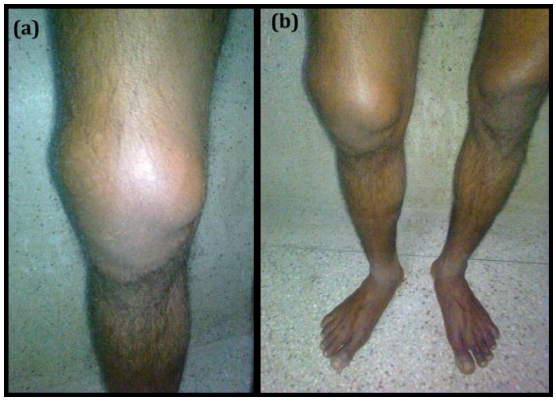

Figure-1: (a) Fluctuating swelling over supra-patellar region with mild rubor; (b) Comparison of bilateral knee joint

Knee bursitis is inflammation of a bursa located near knee joint. A bursa is a small fluid-filled, pad-like sac that reduces friction and cushions pressure points between bones and the tendons and muscles near joints.[1] Knee bursitis can be caused by: frequent and sustained pressure, such as from kneeling; a direct blow to knee; frequent falls on knee; bacterial infection of the bursa; complications from osteoarthritis; rheumatoid arthritis or gout in knee.[1] Aseptic prepatellar bursitis is commonly caused by repetitive work in a kneeling position, hence the name "housemaid's knee.[1] Mortality associated with prepatellar bursitis is rare. Morbidity usually is secondary to pain and limited function.[1] In the case of septic prepatellar bursitis, failure to diagnose in a timely manner may lead to increased morbidity secondary to infectious etiology.[2] Incision and drainage of the prepatellar bursa usually is performed when symptoms of septic bursitis have not improved significantly within 36-48 hours. Surgical removal of the bursa may be necessary for chronic or recurrent prepatellar bursitis.[3]

References

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