

Case presentation



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3RD YEAR POST GRADUATE

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DIAGNOSIS

- ▶ MY PATIENT IS A 37 OLD YEAR MALE FACTORY WORKER WITH SECONDRY OSTEOARTHRITIS OF MEDIAL COMPARTMENT OF LEFT KNEE AND PATELLOFEMORAL ARTHRITIS WITH GENU VARUM DEFORMITY OF 15 DEGREES DUE TO CHRONIC ANTERIOR CRUCIATE INJURY WITH LATERAL COLLATERAL LIGAMENT INJURY WITH 2 CM OF TIBIAL SHORTENING WITH DIFFICULTY IN ACTIVITIES OF DAILY LIVING.

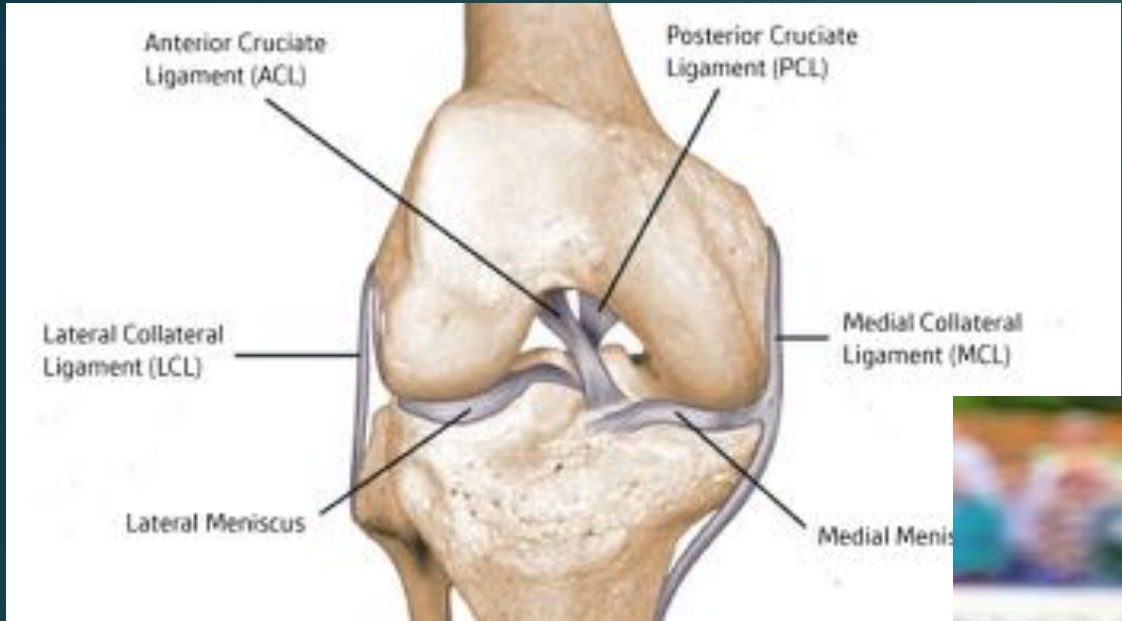
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- ▶ I'm presenting case of Mr Manoj 37 year male resident of Gazipur, Ahmedabad working as a factory worker who presented to opd with chief complaint of
 - ▶ Pain in left knee for 3 years

History of presenting illness

- ▶ Patient was apparently well 3 years back when he developed pain in left knee which was insidious in onset , gradually progressive , dull aching in nature , non radiating, the pain aggravated by walking and relieved by rest and taking medication. There was no diurnal variation in pain.
- ▶ Initially patient could walk for around 5 km but now due to pain he's unable to walk for more than one kilometer after which he has to stop and take rest.
- ▶ He also has difficulty in climbing stairs.
- ▶ Patient is unable to squat and sit cross legged.
- ▶ No rest pain or pain while getting up from chair.

- ▶ There's history of twisting injury of left knee 17 years back while catching a cricket ball . It was associated with acute onset severe pain, swelling developing within 2 hours and an audible popping sound. Patient had difficulty in bearing weight on left leg after fall . And was taken to a local practitioner , knee radiographs were taken which showed no bony injury . Patient was given medication for two weeks which didn't provide any relief . Patient took home made remedy for a month which provided relief and reduction in swelling.
- ▶ The swelling subsided over one month but patient developed repeated episodes of giving away of left knee.
- ▶ The feeling of giving away of left knee was present once every ten to 15 days for initial few months . These episodes then increased to once every 2-3 days for 3-4 years. (Patient felt apprehensive while going downstairs during this period.)And then reduced over next 5-6 years to once every month. Patient was on and off on analgesics.

▶ Patient didn't return to cricket following trauma



Negative history

- ▶ No history of locking or catching of knee
- ▶ No history of crepitus or clunks on knee movement
- ▶ No sensation of foreign body in knee joint
- ▶ There's no history of fever , weight loss , loss of appetite , night sweats, cough with expectoration, evening rise of temperature.
- ▶ No history of morning stiffness or multiple small joints involvement.
- ▶ no history of pain over great toe .
- ▶ No history of any bleeding disorder or blood transfusion.
- ▶ No history of any childhood affection of knee.

- ▶ No other significant past history
- ▶ PERSONAL HISTORY- patient is vegetarian , non alcoholic , non smoker , normal sleep wake cycle
- ▶ Family history – not significant

Examination

- ▶ General and systemic examination were normal
- ▶ No sign of hyperlaxity (Beighton score – 0/9)
- ▶ Gait - patient had bipedal unassisted short limb gait

Attitude –

patient is lying comfortably on firm bed with both ASIS at same level , hip is in extension , with patella facing upward , with left leg deviated inward . With left medial malleolus higher than the right with both feet in neutral position.



inspection

- ▶ On inspection from front while patient is standing sitting and supine.
- ▶ Both ASIS at same level
- ▶ There's inward deviation of left knee joint
- ▶ No swelling over left knee
- ▶ There's wasting of muscles of left thigh and left leg
- ▶ No scar sinus or fistula
- ▶ No swelling in popliteal fossa



palpation

- ▶ No local rise of temperature
- ▶ There's diffuse tenderness over medial joint line
- ▶ No palpable lump around knee
- ▶ No bony tenderness in distal femur or proximal tibia
- ▶ No synovial thickening
- ▶
- ▶ Fluid shift test was negative
- ▶ No distal neuro vascular deficit

movements

- ▶ There's decrease range of motion on left side. (0-100 degrees passive and till 120 degrees it could be done actively)
- ▶ Painful throughout range of motion .

measurements

- ▶ Wasting of 2 cm in left thigh and left leg
- ▶ Shortening of left leg by 2 cm
- ▶ femorotibial angle of 15 degrees
- ▶ Q angle is 10 degree and is comparable with opposite side

Special test

- ▶ Anterior drawer test +
- ▶ Lachman test +
- ▶ Pivot shift test +
- ▶ Posterior sag –
- ▶ Godfrey test –
- ▶ Dial test -
- ▶ McMurry test –
- ▶ Varus stress test +
- ▶ Valgus stress test -
- ▶ Patella grind test +
- ▶ Patella apprehension test –
- ▶ Patella glide test –
- ▶ Normal tracking of patella





Lateral Pivot Shift Test









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