Trình ca lâm sàng

Osgood-Schlatter Disease

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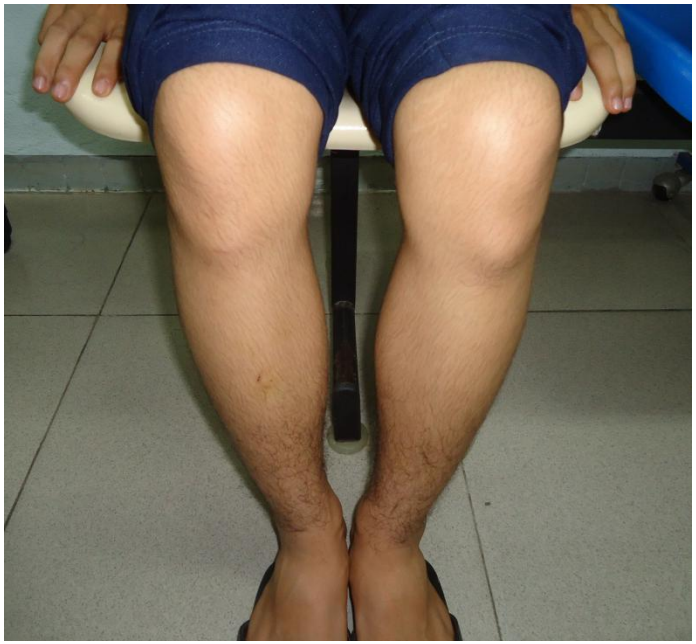
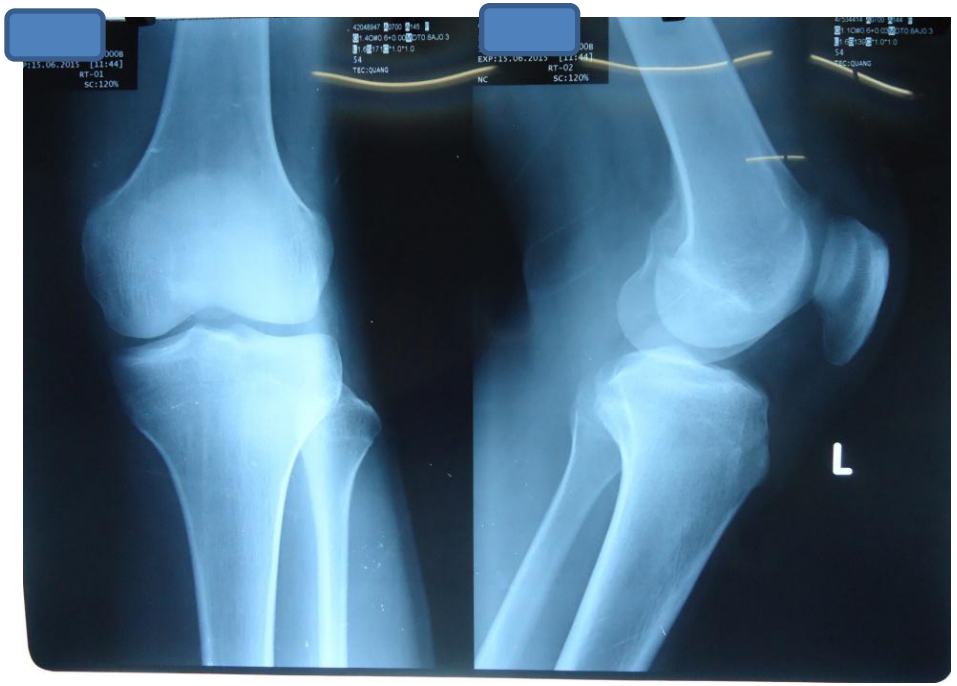
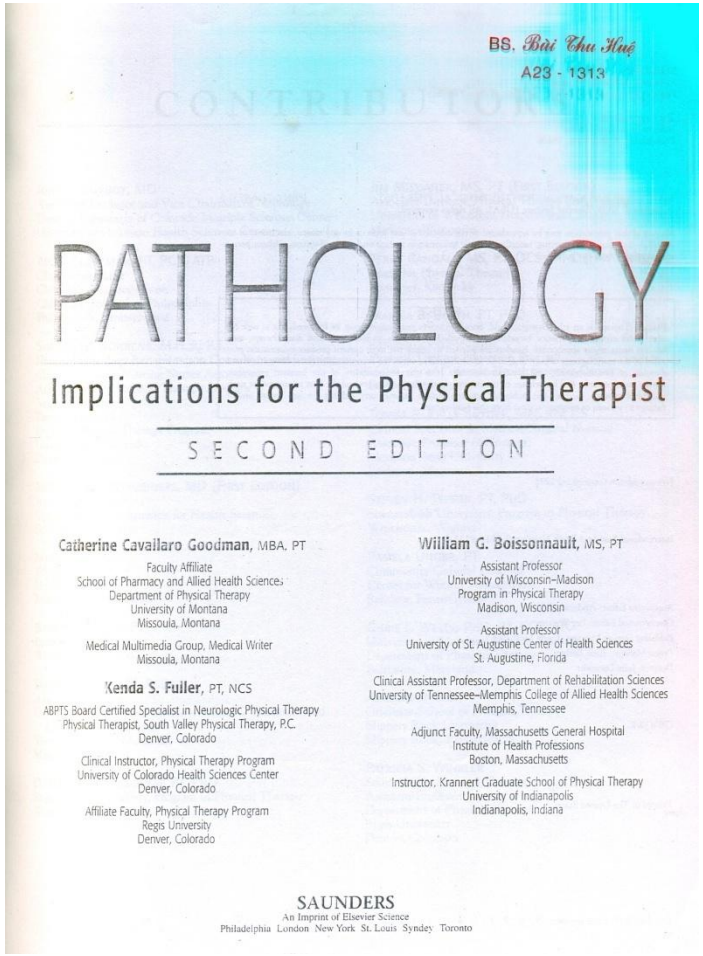
Giới thiệu ca lâm sàng

- Nam, 2000
- Đau lồi củ chày 7 tháng. Đau khi mới ngủ dậy, đến trưa hết. Đau cân gan chân gần gót
- Lồi củ chày nóng nhẹ, nhô cao
- Ấn đau điểm bám cân gan chân
- Không yếu cơ, tầm vận động bình thường
- Đi đứng bình thường
- Điều trị: giải thích bệnh, trấn an, chườm đá, thay đổi chế độ sinh hoạt
- **Kealan's professor: Physical therapy = education + exercise + manual therapy**





Tham khảo sách tại khoa



- BỆNH HỌC
- Hàm ý cho chuyên viên VLTL
- Tác giả là PT
- Năm 1998

Overview

- Osgood-Schlatter disease (osteochondrosis) results from fibers of the patellar tendon pulling small bits of immature bone from the tibial tuberosity. In the past, Osgood-Schlatter was considered a form of osteochondritis (inflammation of bone and cartilage), but more recent thinking suggests the process as one part of the spectrum of mechanical problems related to the extensor mechanism. Rather than being actual degenerative “disease”, Osgood-Schlatter is considered a form of tendinitis of patellar tendon.
- It is most commonly seen in active adolescent boys ages 10 to 15 years but can also affect girls ages 8 to 13 years. The ratio of boys affected by Osgood-Schlatter disease to girls is 3:1.

- Là dạng viêm gân, hơn là viên xương sụn
- Thiếu nam > thiếu nữ

Etiologic Factors and Pathogenesis

- This condition is probably the result of indirect trauma (force produced by the sudden, powerful contraction of the quadriceps muscle during an activity) or repetitive stress (repeated knee flexion against a tight quadriceps muscle) before complete fusion of the epiphysis to the main bone has occurred. It is further aggravated by the the longitudinal traction associated with bone growth in aldolescent and the presence of external tibial torsion. Other causes include local deficient blood supply and genetic factors.
- In young athletes, the tendon is attached to prebone, which is weaker than normal adult bone. With excessive stresses on the tendon from running and jumping, the structure becomes irritated and a tendinitis begins. Often fragments representing cartilage or bone formations are found on the surface of the patellar tendon and are a potential cause of pain. These patellar tendon fibers can actually pull fragments away from the tibial epiphysis.

Etiologic Factors and Pathogenesis

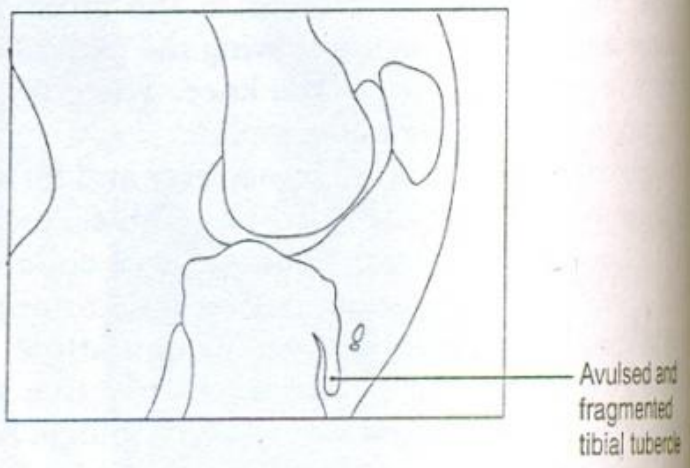


FIGURE 26-5 Clinical radiograph of the knee in a 12-year-old child shows fragmentation and avulsion of the tibial tubercle. Swelling below the knee and an enlarged tibial tuberosity may be observed clinically. This condition, known as Osgood-Schlatter disease, is probably posttraumatic. (From Bullough PG: *Orthopaedic pathology*, ed 3, London, 1997, Mosby-Wolfe, p 98.)

Clinical manifestations

- Clinically, clients report constant aching and pain at the site of the tibial tubercle (just below the kneecap), which is often enlarged on visual examination. Symptoms are aggravated by any activity that causes forceful contraction of the patellar tendon aginst the tubercle, such as active knee extension or resisted knee flexion (eg., going up or down stairs, running, jumping, biking, hiking, kneeling, squatting).

- Đau lồi củ chày
- Tăng khi vận động mạnh

Clinical manifestations

- Besides the obvious soft tissue swelling, there may be localized heat and tenderness, the latter elicited with direct pressure over the tibial tubercle. Many children with this condition also have significant tightness in the hamstring, iliotibial band, triceps surae (bellies of gastrocnemius and soleus), and quadriceps muscle. Tightness in these areas can potentially increase the flexion moment and subsequent stresses at the tibial tubercle.

- Sưng, nóng vùng lồi củ chày
- Có thể có căng cơ đùi, cẳng chân

Medical management

DIAGNOSIS

On physical examination, the examiner forces the tibia into internal rotation while slowly extending the child's knee from 90 degrees flexion; at about 30 degrees of knee flexion pain is produces that can be relieved by externally rotating the tibia. Clinical diagnosis may be confirmed by radiograph (or ultrasonography to avoid exposure to x-ray) since many conditions are very similar (e.g., patellar tendinitis, chondromalacia patella, synovial plica). Although the films may be normal, epiphyseal seperation, soft tissue swelling, and bone fragmentation can be visualized in many cases.

Medical management

TREATMENT AND PROGNOSIS

Immobilization is no longer advocated with this condition, although rest from aggravating activities recommended until symptoms have subsided. This time frame ranges anywhere from 2 to 3 weeks in some individuals to 2 to 3 months or more in others. Enough time must be allowed for revascularization, healing, and ossification of the tibial tubercle before resuming unrestricted athletic participation. Nonsteroid antiinflammatory medication and ice are used regularly.

Nghỉ ngơi > bất động

Chườm đá, kháng viêm

Medical management

TREATMENT AND PROGNOSIS

Treatment should include exercises to address the mechanical inefficiencies of the extensor mechanism, stretching for any areas of inflexibility, and strengthening areas of weakness (e.g., ankle dorsiflexion, pain-free quadriceps strengthening). Support may be provided through the use of a knee sleeve, brace, or narrow strap around the leg placing pressure over the tibial tubercle. This latter device is used to reduce pulling stresses of the patellar tendon on tubercle and subsequently reduce pain.

Kéo dãn cơ căng, mạnh cơ yếu

Đai gân bánh chè

Medical management

TREATMENT AND PROGNOSIS

Conservative measures are usually sufficient to provide pain and resolution of local swelling. When conservative care fails to resolve painful symptoms, full-extension immobilization of the leg through reinforced elastic knee support, cast, or splint may be prescribe for 6 to 8 weeks. In chronic, unresolved cases, surgery may be necessary to remove the epiphyseal ossicle that forms in the tendon. In extreme cases, the epiphysis may actually be removed or holes drilled into the tibial tubercle to facilitate revascularization of the area.

Nặng thì bó bột, phẫu thuật