Archives of Clinical and Experimental Orthopaedics

Volume - 4, Issue - 1

Research Article **Published Date:- 2020-05-29**

Preventive treatment in an osteoporotic femoral upper metaphysis-A clinical case: Me Louise V…

In 1992, a patient, born July 10, 1910, aged 82, with major osteoporosis [1-3], was operated on her left hip. The surgeon performs a biomaterial transplant using natural coral [4]. Follow-up is two years. She died in 1994 of acute respiratory failure. Three bone graft osteodensitometry [5] shows a regular increase in mineralization; however, on the opposite side, bone mineralization decreases. The anatomical part is examined using x-rays, scanners, photographs, histology [6]. The article reports the findings of this study. It is noted a partial resorption of the biomaterial essentially at the periphery of the graft as well as the different local connections of the preexisting bone with the newly formed bone from the grafted area. The severity of fractures of the femoral neck is no longer to be demonstrated [7]. Multiple therapeutic trials have demonstrated their effectiveness [8,9]. Twenty two patients were transplanted. There was no failure. All died without fracturing their grafted hips.

Research Article **Published Date:- 2020-03-17**

A comparative study between ultrasound guided and landmarks guided intraarticular sacroiliac injections in spondyloarthritis patients

Purpose: Sacroiliac joints (SIJ) inflammation and pain is particularly common in patients with Spondyloarthritis. Intraarticular SIJs injections represent a valuable therapeutic option in this condition. In the rheumatological outpatient clinics this procedure is usually done by landmark guidance (LG) or ultrasound guidance (USG).

Thus we aimed to compare the short term efficacy of USG vs. LG SIJ injections using five outcome measures: 1. Pain; 2. SIJ status (number of positive provocation tests per symptomatic SIJ on physical examination); 3. Disability; 4. Quality of the night sleep; 5. Patients' satisfaction.

Methods: We enrolled 44 consecutive spondyloarthritis patients with pain in the SIJs that did not respond to NSAIDS and that were otherwise on a stable medical treatment. All patients also had ? 3 positive pain provocation tests per SIJ on physical examination. Patients were randomly allocated to receive a single SIJ injection with 7 mg Betamethasone (1 ml) and 1% Lidocaine (1.5 ml) either under USG or with LG.

Results: Both groups showed significant improvement in all outcome parameters. However, the USG approach performed significantly better than the LG ones in all parameters. In addition, there was a significant correlation between the improvement in all patient reported outcomes (VAS, RMDQ, JSEQ) and the reduction in the number of positive SIJ pain provocation tests per symptomatic joint.

Conclusion: Both USG and LG SIJ injections proved to be an efficient treatment for SIJ pain in SpA patients. However, USG of the intervention led to statistically better results in the present study.
