

## **Orthopaedic Connection**

### **You Have Bursitis Not Arthritis**

By Thomas J. Haverbush, M.D.  
Orthopaedic Surgeon

#### *Transforming patient information into patient understanding.*

The title of my second article should be music to any patient's ears. Most patients (and some doctors) call anything that hurts around a joint "arthritis". Not true. There is a huge difference.

Last time I was able to cover prepatellar bursitis (knee area) fairly thoroughly. That was one of the "Big Four" as I chose to call them. The remaining three have to do with the elbow, hip and Achilles tendon area.

#### **Olecranon Bursitis (Elbow)**

Olecranon bursitis is a very common type of superficial bursitis. It is located on the back of the elbow. The thin walled sac over the point of the elbow becomes inflamed and forms fluid that fills the sac. The swelling can become huge so that the victim becomes self conscious and hides it by wearing long sleeves!

Pressure of some kind, sudden or repetitive ignites the bursa. Curiously even huge swellings may not hurt.

Infection can be present in some cases and I need to be very thorough in checking for this. I may need to have lab tests done on the fluid I remove.

Management depends on whether infection is present or not. If a person's bursa is not infected, simple removal of the fluid and injection of a steroid can be curative. An elbow pad to cushion the elbow can be a great help.

Surgery may be required to remove the bursa if it has been present too long and has become lumpy and thick.

#### **Trochanteric Bursitis (Hip)**

The bursa of the hip is always located on the lateral or outer side of the hip area. True arthritis of the hip almost always causes pain in the front or groin area. Pain is referred down the front of the thigh towards the knee. There are two important hip tendons that can also be inflamed in the area besides the bursa.

It certainly feels like arthritis to the patient, but plain x-rays are typically normal.

I don't want to go into all the exam, x-rays and tests sometimes required to diagnose trochanteric bursitis.

I will figure it out for you as there is a big difference between true hip arthritis and trochanteric bursitis.

Treatment is typically conservative and usually effective. It can be as simple as Ibuprofen for two weeks, heat, ice and limited activities. Possibly even to use a cane.

I have often injected the bursal and tendon areas with a steroid (Celestone) and a local anesthetic guided by ultrasound. If one or two injections don't cure it, it is unlikely that more will. Physical therapy can be effective if other means don't work.

Some surgical procedures have been developed in recent years that can be needed if all else fails.

#### **Retrocalcaneal Bursitis (Achilles tendon area)**

Our fourth bursitis area involves the foot and ankle. It is a pretty complicated area from an anatomy standpoint which is all you need to know really.

This bursitis/tendinitis is mostly caused by overuse as in runners. There are some bony conditions of the feet that can predispose to this bursitis/tendinitis.

Treatment menu consists of Ibuprofen, heat and ice, rest, shoe orthotics and injection therapy. Physical therapy can also be beneficial in relieving heel pain symptoms.

It sometimes comes down to surgery. Sorry, I know you didn't want to hear that! It is more complicated than the other bursa areas re surgical treatment. Fortunately surgery is not required too often.

### **Summary**

The importance of the four areas we have discussed is that they must be distinguished from many other causes of pain in those areas.

As in almost everything I write for you, proper treatment can only be done if the diagnosis is correct. I think it is difficult for doctors besides Orthopaedic Surgeons to keep all the possible causes straight and know what tests to order (if any) etc. I hope this information is helpful to you or someone you know.

### **Gratiot County Herald Archive and Office Website.**

I sincerely appreciate all of you loyal readers and patients present and future and welcome all newcomers!

Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It contains the Website Library, Your Orthopaedic Connection and complete archive of every GCH article I have written.

I specialize in you. Be well.

Dr. Haverbush