

# Argus Orthopaedic Zone

## Bursitis Anyone? The Big Four

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

I have written about bursitis here and there over the years, but not in an organized way trying to bring it all together so to speak.

I find that most of my patients really don't understand bursitis and the places it affects. It is kind of confusing so I will try to demystify it if I can and organize it for you. Here goes.

### **What Is Bursitis Really?**

Well, first it is one of the most common causes of musculoskeletal pain. It is a condition affecting the soft tissues near a joint. A bursa is a very thin walled sac that you can't feel and don't even know you have until it goes bad. It contains a slippery fluid.

Bursae (not bursas!) hang out around joints and bony prominences and function to reduce friction.

I have done a little research and have found 196 named bursae in the body and there probably are many more.

Fortunately for me there are four that I need to be concerned about.

### **O.K., What Are The Four?**

I know I have been keeping you in suspense! Here are their names and locations.

- Prepatellar (front of the knee)
- Olecranon (back of the elbow)
- Trochanteric (side of the hip)
- Retrocalcaneal (behind the Achilles tendon)

I have to constantly ask myself, could this be an infected bursa not just an inflamed bursa. If the bursa is infected, the management is entirely different.

In addition, many conditions may act like bursitis. I have to sort that out too. Look alike conditions are arthritis, certain fractures, tendinitis and nerve pathology.

### **Prepatellar Bursitis**

The most common knee area bursa is located superficially beneath the skin and on top of the knee cap and tendon.

It usually becomes inflamed because of direct trauma as in a fall or kneeling. There are many other very unusual causes I don't need to cover here. Trauma is #1 and can sometimes result in bleeding into the bursa.

Most patients say it happens almost overnight. Trauma is not always a factor. Often there is no apparent cause.

The swelling in the front of the knee can be the size of an egg or larger. If it becomes warm, red, swollen and tender it may well be septic or infected. Don't delay getting help if this is the case.

An inflamed bursa is very different. The swelling in the front of the knee may be huge, but minimally tender. It is not red or hot.

Typically, I will (after numbing the skin) aspirate the fluid filled sac. If infection seems possible, I will always send the specimen for lab studies.

Antibiotics are often given while the lab studies are pending. Decreased walking and wrapping the knee or a pull on knee sleeve are standard. Ibuprofen or similar anti-inflammatory medication is given.

Prepatellar bursitis needs careful follow up so I will usually see the patient back in less than a week or sooner if the knee worsens.

Surgery to remove the bursa is needed on occasion, but not often. I try to do surgery arthroscopically through small incisions if possible.

### **More**

I have three more big areas to cover, but don't have space this week. The elbow, hip and Achilles are still out there so please don't cut class next week or you will lose out on a lot and you won't know what to do when bursitis grabs you.

### **Argus Orthopaedic Zone Archive and Office Website**

What if there was a whole world of musculoskeletal information at one place? There is!

[www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) opens up for you the office website, Your Orthopaedic Connection and the Archive of all previous Argus articles I have written for you, your family and friends.

Please check it out. Do yourself a favor.

Be well.

Dr. Haverbush