

**King Saud University  
College of Medicine  
Department of Medical Education**

**Musculoskeletal Block**

**Case-2**



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**Mr. Ahmed is a 55-year-old patient. His general health has been good, but he became concerned recently about his right knee pain. The pain increases with activity ( climbing stairs, and kneeling) and improves with rest and analgesics (NSAIDS). Pain started 2 years back and increased progressively. Pain is localized to the knee and does not radiate. No associated symptoms.**

**He visited his family doctor asking for explanation and treatment of his complaint. By taking medical history from him, doctor found that he was fond of exercise in his teens but no longer does regular exercise. He takes no medications. He has a history of menisectomy.**

**Family history shows that both of his parents suffered from osteoarthritis, his father required knee replacements in his early 60s.**

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The family doctor examined Mr. Ahmed. He is overweight (body mass index 32 kg/m<sup>2</sup>).

The knees shows a mild degree of genu varus, mild effusion of right knees, crepitus during range of motion associated with discomfort. Right knee range of motion: 0-130°.

Left knee examination is normal. No movement limitation or deformities.

**The family doctor orders for some investigations:**

**ESR (8 mm), C-reactive protein (2mg/L) and CBC were normal.**

**Plain X-rays of right knee in erect and sky line position, showed:**

**Moderate degree of Joint space narrowing of right patellofemoral and tibiofemoral joints, small tibial marginal osteophyte.**

**Synovial fluid analysis showed normal physical and biochemical characters.**

**Mr. Ahmed was diagnosed as having third degree knee osteoarthritis.**

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The family doctor put him on simple analgesic, and quadriceps exercise and adviced him to lose weight.

Mr. Ahmed felt only partial improvement after 3 months of therapy, there was no effusion but there is still pain, and crepitus.

The family doctor referred him to the orthopedic surgeon who gave him intra articular injection with 30mg of Hyaluronic acid three times along three weeks. Adviced him to reduce his weight and perform the quadriceps exercise regularly and avoid knee strain position.

Patient came back a year later with worsening pain and disability, despite weight loss and analgesics. He was then offered total knee replacement.

## **Second Session ( Part 2 )**

The second session will be the feedback for the all learning objectives decided by the group. In this activities possibly most of the queries will be answered. Many other issue will be raised which should be assigned to be discussed in the first session of the second case next week. The tutor should take care of assessment of the group according to the provided “student assessment form” provided.