MSK II: Bone & Joint Disorders Cheat Sheet

by ksellybelly via cheatography.com/19318/cs/2507/

Tendinitis

Definition

Inflammation of the tendon

Tenosynovitis Definition

Inflammation of the enclosed tendon shealth

Etiology

Overuse injuries and systemic disease (arthritides)

Clinical Features

Pain with movement, swelling, impaired function. Commonly in rotator cuff, patella, hip, flexor carpi radialis and ulnaris, flexor digitorum. May resolve w/in a few weeks, but also recurrent.

Treatment

Ice, rest, stretching, NSAIDs. Corticost-eroid + lidocaine injections. Excision of scar tissue last resort. (Scar tissue from repetitive tissue microtrauma)

Bursitis

Definition

An inflammatory disorder of the bursa (thin-walled sac lined with synovial tissue) caused by trauma or overuse

Clinical features

Pain, swelling, tenderness x weeks. Commonly in subacromial, subdeltoid, trochanteric, ischial, prepatellar, suprap-atellar ("housemaid's knee")

Treatment

Prevent precipitating factors, rest, NSAIDs, steroid inj.

Osteomyelitis

Definition

Inflammation of the bone caused by a pyogenic organism. Described by duration (acute/chronic), cause (surgical, etc.), site, extent, and patient type

Osteomyelitis (cont)

Most common pyogenic organism

Stap. aureus

Most commonly affects long bones of children

Acute hematogenous osteomyelitis

Patients with sickle cell anemia at risk for

salmonella osteomyelitis

When viable bacterial colonies harbor in necrotic and ischemic tissue even after original infection treated, and this can lead to recurrent of infection

Chronic hematogenous osteomyelitis

Results from open fracture or surgery

Exogenous osteomyelitis

Clinical features - Acute Hematogenous Osteomyelitis

Pain, loss of motion, soft-tissue swelling, drainage is rare

Clinical features - Chronic Hematogenous Osteomyelitis

Recurrent flare-ups of tender, warm, sometimes swollena reas. Malaise, anorexia, fever, weigh loss, night sweats, pani and drainage from sinus tract

Lab Studies

Culture or bone bx to ID organism, WBC/CRP/ESR might be elevated, can see changes on x-ray after 7-10 days, MRI earlier

Treatment

Acute-->3 wk course of abx (1wk IV, 2wks oral). Chronic-->at least 4wks to 24mo of IV and PO abx. Surgical drainage and treatment possibly necessary.

By **ksellybelly**
cheatography.com/ksellybelly/

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