

Pictorial CME - Synovial Osteochondromatosis

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FIGURE 1
Showing multiple swelling around both the knee joints

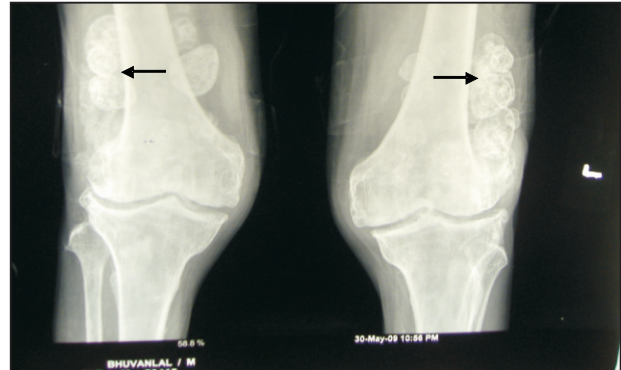


FIGURE 2 : X ray of both knees showing multiple round bodies with stippled calcification, indicative of synovial osteochondromatosis

A 50 years old male presented with complaints of pain and swelling at both knee joints, sometimes associated with locking of knee joint since 4 to 5 years. Examination revealed multiple hard swellings at the knee joint along with tenderness. There was no crepitus and neither joint was warm or red. X-ray of both knee joints revealed multiple rounded bodies surrounding the knee joint with stippled calcification indicative of synovial osteochondromatosis. Patient was put on NSAIDs and was referred to orthopaedics dept. for further surgical management.

Synovial osteochondromatosis is a benign condition characterized by synovial membrane nodular proliferation and

metaplasia. The proliferated fragments may break off from the synovial surface into the joint space, where they may grow and calcify. The calcification may vary from speckled to frankly ossific bodies and size may vary from millimeters to a few centimeters. The disease is progressive with gradual destruction of the joint and progression to secondary osteoarthritis.(1) People of any age may be affected but the usual age is 30-55 years. It is more common in males and is usually a monoarticular disease. Although any synovial surface may be involved (including bursae), yet large joints are commonly involved e.g. knees, elbows, hips and shoulders. Patient usually has had many years of joint pain and swelling, with limitation in movement and locking.

Some people prefer to classify SOC into primary and secondary. Secondary synovial osteochondromatosis could be trauma related (ex-fracture with avulsed fragment); or related to degenerative joint disease; synovial proliferation (pigmented villonodular synovitis); neoplastic (synovial

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chondrosarcoma) and other like osteochondritis dissecans.(2)

Plain radiographs are usually diagnostic when the fragments are calcified. For non-calcific bodies and to delineate extent of disease, MRI or CT with arthrography may be used. Arthroscopy is both diagnostic and used therapeutically for synovectomy and removal of fragments.

References

1. Anupam Wakhlur: Synovial osteochondromatosis. J Indian Rheumatol Assoc 2004; 12: 77
2. Coles, MJM, Tara, HH. Synovial Chondromatosis: A case study and brief review. The American Journal of Orthopedics 1997; 38: 37-40