

Bizarre Knee Pain in Prolapse Intervertebral Disc (PID) in District Hospital

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INTRODUCTION:

Patients with herniated discs can present with atypical symptoms.⁽¹⁾ We would like to report a case of PID with atypical presentation in which patient came with only complaint of knee pain.

REPORT:

A 39year old Indian lady presented with gradual onset of right posterior knee pain for 1year, occasional knee locking, otherwise denied history of trauma, fall or knee swelling. Upon right knee examination, noted range of movement of knee full, no obvious swelling, special test were uneventful. In view of inconclusive knee examination, patient was booked for MRI right knee which noted posterior cruciate ligament intrasubstance tear and lateral collateral ligament partial tear. Further examination showed generalise tender and stiffness over lumbar, popliteal region and along semimembranous tendon. Myotome and dermatome of bilateral lower limb were normal, with negative straight leg raise test. As history and clinical findings do not correlate with MRI knee, we proposed diagnosis of semimembranous tendinopathy, to rule out PID with atypical presentation. As we were unable to arrange for inpatient MRI lumbosacral due to limited resources, we proceeded to offer patient with sweet caudal injection using 10 mL of D5W administered at level of sacral hiatus for relieve of neuropathic pain.⁽²⁾ Post injection, noted prompt improvement of pain (both over knee and thigh). MRI spine noted mild posterior disc bulge indenting onto anterior thecal sac at level L4/L5, with disc dessication changes at L4/L5 and L5/S1.

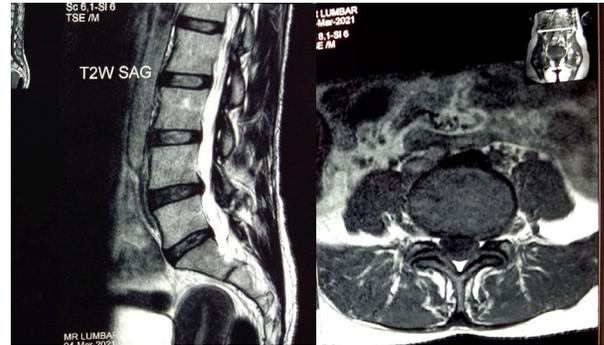


Figure1: T2W Sagittal and Axial view of MRI Lumbosacral

CONCLUSION:

In conclusion, reported case of patient with atypical presentations of knee pain in PID at L4/L5. PID was diagnosed with pain relief after sweet caudal injection in view of limited resources in district hospital settings.

REFERENCES:

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