

Acute Locked Knee in Rich Man's Disease

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INTRODUCTION:

Gouty Arthritis generally known as Rich Man's Disease is a debilitating disease of polyarthritis which commonly affecting Malaysian populace. Classical gouty arthritis typically manifests as sudden joint pain, swelling, and erythema, particularly in the big toe (Podagra). Pathologically, as a result of the deposition of inflammatory urate crystal in joints, which progresses into space-occupying Tophi. Gouty arthritis can cause acute locked knee mimicking a knee injury in young active adult, despite its typical presentation.

REPORT:

A 35-year-old Malay gentleman who had been suffering from gouty arthritis for the past 5 years, presented with pain and swelling over his left knee with gradual limited range of motion for 3 months. He did not seek medical attention until he suddenly stopped being able to fully extend his left knee. His left knee range of motion between 30 to 110 degrees. Anterior and posterior drawer tests and McMurray's tests were negative, indicating no significant knee joint instability or injuries. An arthroscopy procedure was performed on his left knee and discovered that gout had developed in his left knee including the anterior bundle ACL which causing the pain. Floating tophi were also found within the knee joint. The medial and lateral meniscus were undamaged. The removal of gouty tophi and shaving affected areas improved the flexibility of the knee. Post operatively, this patient was able to fully extend his left knee.

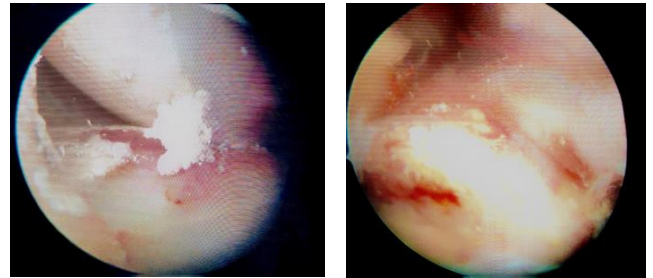


Figure 1A: Arthroscopy findings of floating tophaceous gout in knee joint and femoral condyle cartilage covered with tophaceous gout.

Figure 1B: Encroaching tophaceous gout destroying anterior bundle of anterior cruciate ligament, ACL.



Figure 2: Normal left knee Xray

CONCLUSION:

In summary, intra-articular knee gouty arthritis may be presented with atypical mechanical symptoms which mimic other knee injuries. A combination of surgery and medication can help relieve acute locked knee problem as well as improving patient outcomes.

REFERENCE:

1. Hussin P, Mawardi M, Nizlan NM G Chir. The 'Chalky Culprit' of acute locked knee. 2014 Sep-Oct; 35(9-10):239-40