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Study: Be cautious when treating knees

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During the course of a life, knees take a lot of punishment.

Besides the strain placed on the cartilage pads while walking, athletes can accelerate damage by overusing the joints that carry tremendous stress.

This wear and tear damage is called osteoarthritis, as opposed to rheumatoid arthritis, a joint-destroying auto-immune disorder.

Whether young or old, osteoarthritic knee joints can fill with cartilage fragments that rub against bones, inflaming the complicated biological hinges and producing pain.

Physicians consider the optimal treatment for the condition. Some favor physical therapy and medication to ease discomfort. Many orthopedists prefer to perform arthroscopic surgery, which involves insertion of instruments into the joint to remove cartilage fragments and smooth rough edges.

A study of 92 patients by researchers at the University of Western Ontario and published recently in the *New England Journal*

of Medicine, apparently gives ammunition to practitioners who treat knees most conservatively.

The Canadian scientists concluded that arthroscopic surgery provides no benefit over "optimized physical and medical therapy."

In fact, 61 percent of the subjects in a companion study by Boston University felt no discomfort from torn meniscal cartilage.

Still, according to the National Center for Health Statistics, about 650,000 Americans opt for arthroscopic knee surgery every year. The average cost for each is about \$5,000.

Dr. Robert Stanton, vice president of the American Orthopedic Society for Sports Medicine and member of the Orthopedic Specialty Group, with offices in Fairfield, Shelton and Stamford, said treatment must be tailored to specific patients.

Men and women whose knees are locked by floating pieces of cartilage wedged in the joints require arthroscopic surgery, Stanton said. Others, whose only symptom is pain, should be treated with medication, exercise, and if appropriate, weight loss, he said.

"Doctors should start conservatively, with

exercise" and non-steroidal anti-inflammatory drugs, such as ibuprofen and prescription medications.

"Surgery is never the first choice," Stanton said, unless patients have a knee frozen by errant chunks of cartilage.

In these cases, Stanton and other surgeons introduce a small camera and instruments into the knee. Cloudy fluid is cleaned away with sterile water. Meniscal cartilage and other damaged cartilage is repaired or removed. Cartilage is trimmed, rough edges smoothed, and loose pieces removed.

The procedure is typically performed on outpatients.

By age 70 or 80, most people will have sustained a degree of joint damage. Cartilage-making cells also become injured and lose their ability to repair cartilage, which contains no blood vessels, Stanton said.

Frequently, people are unaware of damage and do not feel pain. In these cases, Stanton and colleagues do nothing.

The Hippocratic Oath, after all, says, "Do no harm," Stanton said.