



Triad of Bursitis of Greater Trochanter, Pes Anserine Bursitis and Genus Valgus Deformity

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Introduction

Clinician's and more specifically, Rheumatologists tend to combine different manifestations of a disease in triad form to make a specific diagnosis. I would like to propose a triad of bursitis of the greater trochanter, pes anserine bursitis and hypermobility of the joints as I believe its significance is commonly overlooked.

As a Rheumatologist, I have found that patients present in my clinic with knee or hip pain in spite of normal hip and knee joints on a radiograph exam. Hip pain, which is mostly localized over the greater trochanter and is most bothersome during the night and knee pain which is felt in the medial aspect of the knees along the pes anserine bursa. The knee pain usually is bothersome while standing, walking or climbing steps. I have found a direct correlation, as these patients are also suffering from hypermobility of the joints. Hypermobility of the joints is when an individual is able to flex or extend their joints beyond the average person.

In a normal individual, with normal posture, the weight of the body is exerted mostly on the arch of the feet which is basically made to tolerate the weight. But individuals who are suffering from hypermobility of the joints tend to exert a lot of pressure on the greater trochanter and the medial aspect of the knee. These individuals generally tend to have flat pronated feet and genus valgus deformity.

Hypermobility of the joints is seen in about ten percent of the population. Physicians have used certain criteria in determining this diagnosis, one being the Beighton score, a test which measures the degree of flexibility. However, a diagnosis can be simply made just by observing a patient's gait movement and posture. Individuals with hypermobility are able to touch the floor and even put their palms on the floor while bending over. This diagnosis is best detected by asking them to extend or flex their wrists or elbows. These patients frequently and especially when they get older and start gaining weight will end up referring to their physician with hip or knee pain. Unfortunately, most physicians are not familiar with bursitis of the greater trochanter and pes anserine bursitis and because of this some of these patients are misdiagnosed or not treated properly.

Although Beighton's criteria are used for school age children, it is also applicable for adults and can still be used to diagnose hypermobility of the joints. Some individuals might not be as flexible as shown on the Beighton score but still with mild degree of hypermobility still may develop bursitis.

Degree of Disease

These individuals who are suffering from hypermobility of the joints, when young enjoy the flexibility of the joints and frequently get involved in gymnastic type exercises. However, as they gradually get older, and especially when they start gaining weight the hypermobility becomes more of a problem for them and will result in bursitis and eventually osteoarthritis of the weight-bearing joints. Hypermobility of the joints have different degrees and starts at the very mild degree of hypermobility with the most severe degree being Ehlers Danlos Syndrome.

Treatment Options

Patients suffering from hypermobility of the joints generally benefit from a shoe insert which will at least partially correct the inversion of the feet and knees. At times, the pain on the lateral aspect of the hip and inter aspect of the knee joint become so intense that they would require a steroid injection which greatly relieves their symptoms. There is a tendency for recurrence of the bursitis and these patients may require frequent visits and repeated steroid injections. Eventually these patients will develop osteoarthritis of the medial compartment of the knee joint which potentially may require them to undergo hemiarthroplasty.

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Figure 1: Normal weight of the body.

As shown in the Figure 1, 2, the normal weight of body is usually accepted on the arch of the feet because the arch can tolerate more weight. On the other hand, patients with genu valgus deformity,

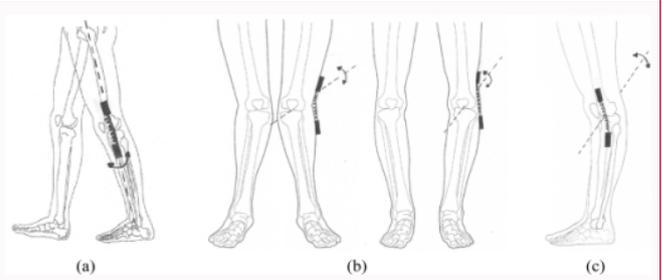


Figure 2: Arch of the feet.

the pressure from the body weight first is accepted on the greater trochanter causing bursitis of the greater trochanter and then down to the medial aspect of the knee causing pes anserine bursitis. The individuals with hypermobility of the joint usually suffer from flat pronated feet and a shoe insert with increased thickness in the medial aspect of the shoe insert will correct inversion of the feet and legs and generally relieve some of the pressure applied on the hip and knee joints.