

Teens' Anterior Knee Pain May Predict Adult OA

BY ROBERT FINN
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A new study indicates that adolescent anterior knee pain may be a predisposing factor to patellofemoral osteoarthritis many years later.

Physicians have traditionally told patients that adolescent anterior knee pain is usually self-limiting and benign. But the study by Dr. Matthew R. Utting and his colleagues from Southmead Hospital in Westbury-on-Trym, England, showed that 22% of patients with patellofemoral arthritis who had undergone arthroplasty recalled having anterior knee pain as an adolescent.

In contrast, only 6% of patients who had undergone medial unicompartmental arthroplasty recalled adolescent anterior knee pain, a significant difference (*Knee* 2005;12:362-5).

The investigators sent questionnaires to 150 patients who had undergone patellofemoral arthroplasty and to another 150 patients who had undergone medi-

al unicompartmental arthroplasty. The response rate was an impressive 77% from the medial unicompartmental arthroplasty group and 79% from the patellofemoral arthroplasty group.

The mean patient age was 67 years in the patellofemoral group and 68 years in the medial unicompartmental arthroplasty group, a difference that was not statistically significant.

Patients in the patellofemoral group experienced a mean of 16 years of pain before

the arthroplasty, compared with 9 years for the medial unicompartmental arthroplasty group. Among the patellofemoral group, 16% recalled previous trauma of the patella, compared with 6% of the medial unicompartmental arthroplasty group.

There was no difference in the number of patellar fractures, with two individuals in each group reporting this. Many of the individuals with patellofemoral osteoarthritis reported having symptoms for at least 20 years prior to their arthroplasty,

suggesting that the problem had been more or less continuous throughout their lives and that it may have arisen directly from anterior adolescent knee pain.

The investigators noted several limitations of their study. It was retrospective and relied on patients' memories from 40-50 years prior. Furthermore, it's impossible from this study to determine how many people with adolescent anterior knee pain go on to develop patellofemoral osteoarthritis. ■

Prednisolone May Work When IVIG Fails in Kawasaki

A 3-day course of prednisolone appears effective in Kawasaki disease patients who are unresponsive to multiple infusions of intravenous immunoglobulin, Dr. Seiichiro Takeshita reported.

Their success in treating nonresponders with prednisolone infusion suggests that IVIG-resistant patients may not require steroid pulse therapy, which has been associated with an increased risk of coronary aneurysm rupture, hypertension, seizures, and gastric erosion in this group (*Clin. Pediatr.* 2005;44:423-6).

Dr. Takeshita of the University of Shizuoka, Japan, and his colleagues administered 3-day courses of prednisolone every 8 hours (1-2 mg/kg per day) to six children, aged from 10 months to 9 years, who had failed to respond to repeated courses of IVIG for Kawasaki disease. Five of the children also received ulinastatin, a serine protease inhibitor not currently available in the United States.

Three patients had complications of the disease, including arthritis, myocarditis, and depressed left ventricular systolic function. All of the patients had dilated coronary arteries before prednisolone was administered. Five of the children became afebrile and had a significant decrease in C-reactive protein (CRP) levels within 24 hours of their first course of prednisolone.

The sixth patient had a persistent low-grade fever and high-CRP level after the first course, and developed a high-grade fever and high-CRP level 3 days after the first course ended. He then received a second, 3-day course of prednisolone (1.5 mg/kg per day). Within 24 hours, he became afebrile and had a significant drop in CRP level.

—Michele G. Sullivan



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