

بسم الله الرحمن الرحيم

 $\infty\infty\infty$

تم رفع هذه الرسالة بواسطة / حسام الدين محمد مغربي

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى مسئولية عن محتوى هذه الرسالة.

AIN SHAMS UNIVERSITY

Since 1992

Propries 1992

ملاحظات: لا يوجد



Comparative Study Between Ultrasound Guided Intraarticular Injection of Corticosteroids and Ultrasound Guided Genicular Nerve Block in Patients with Chronic Knee Pain

Thesis

Submitted in Partial Fulfilment of the M.Sc. Degree in **Radiodiagnosis**

By

Mohammed Amin Mohammed Kamel El Sirafy

M.B., B.Ch,

Resident at Diagnostic and Interventional Radiology Department
- Kafrelsheikh University Hospital

Supervised by

Prof. Dr. Walid Mohamed Abdel Hamid Hetta

Professor of Radiodiagnosis and Nuclear Medicine Faculty of Medicine - Ain Shams University

Dr. Mina Emil Edward Abdelmalek

Lecturer of Radio-diagnosis and Nuclear Medicine Faculty of Medicine - Ain Shams University

Assoc. Prof. Dr. Ahmed Ibrahim Mousa Ebied

Associate Professor of Diagnostic and Interventional Radiology Faculty of Medicine Kafrelsheikh, University

> Faculty of Medicine Ain Shams University



سورة البقرة الآية: ٣٢

Acknowledgment

First, Thanks to ALLATO for completion of this work

I'd like to express my respectful thanks and profound gratitude to **Prof. Dr. Walid Mohamed Abdel Hamid** Wetta, Professor of Radiodiagnosis and Nuclear Medicine, Faculty of Medicine - Ain Shams University for his keen guidance, kind supervision, valuable advice and continuous encouragement.

I am also delighted to express my deepest gratitude and thanks to **Dr. Mina Emil Edward Abdelmalek,** Lecturer of Radiodiagnosis and Nuclear Medicine, Faculty of Medicine - Ain Shams University, for his kind care, continuous supervision, valuable instructions, constant help and great assistance throughout this work.

I am deeply thankful to Assoc. Prof. Dr. Ahmed Ibrahim Mousa Ebied, Associate Professor of Diagnostic and Interventional Radiology, Faculty of Medicine - Kafrelsheikh University, for his great help, active participation and guidance.

Special thanks have to be given to **Dr. Mohamed Sabry M Mfy**, Assistant Lecturer of Diagnostic and Interventional Radiology, Faculty of Medicine - Kafrelsheikh University, for the time and effort he spent and the valuable advice he gave until this work is done

I would like to thank my department colleagues and seniors for their constant guidance and support.

I would like to express my hearty thanks to my family and loving wife for their support till this work was completed.

I would specially thank my father, not only as a family member, but also as a mentor who enlightened me along the way and pushed me to complete this work. I am always in your debt.

Finally, my sincere thanks and appreciation to all patients participated in this study.

Mohammed Amin El Sirafy

Tist of Contents

Title	Page No.
List of Tables	
List of Figures	iii
Tist of Abbreviations	viii
Introduction	1
Aim of the Work	2
Review of Literature	
A Brief Review Knee Anatomy	3
Pathophysiology of Knee Pain	20
Clinical Picture	24
Radiological Evaluation	26
Treatment	31
Patients and Methods	52
Results	67
Discussion	102
Summary	116
Conclusion	119
References	120
Arabic Summary	

Tist of Tables

Table No.	Title	Page No.
Table (1):	Kellgren-Lawrence (KL) grading scheme	e28
Table (2):	The commonly used Intra articular cort injections	
Table (3):	Questionnaires of OKS	55
Table (4):	Tests of Normality	67
Table (5):	Distribution of patients' den characteristics among the intervention gr	U 1
Table (6):	Distribution of patients' disease charamong the intervention groups:	
Table (7):	Comparison of VAS scores values bet intervention groups at different follow up	
Table (8):	Comparison of OKS scores between intervention groups at different follow up	
Table (9):	The improvement of VAS scores imparted after 2, 4, and 8 weeks compared to base among GNB intervention group:	eline VAS
Table (10):	The improvement of VAS scores imparted after 2, 4, and 8 weeks compared to base among IACSI intervention group:	eline VAS
Table (11):	The improvement of OKS scores at 2, weeks compared to baseline amore intervention group:	ng GNB
Table (12):	The improvement of OKS scores at 2, weeks compared to baseline amon intervention group:	g IACSI
Table (13):	Comparison of VAS scores between Lwrence grade at different follow up among GNB intervention group:	p periods

Tist of Tables (Cont...)

Table No.	Title	Page No.
Table (14):	Comparison of VAS scores betw Lwrence grade at different follo among IACSI intervention group:	w up periods
Table (15):	Comparison of OKS scores betw Lwrence grade at different follo among GNB intervention group:	w up periods
Table (16):	Comparison of OKS scores betw Lwrence grade at different follo among IACSI intervention group:	w up periods

Tist of Figures

Fig. No.	Title	Page No.
Figure (1):	Knee Ligaments, Cartilage, a Hoffman, Matthew.	
Figure (2):	Muscles that Cause Movement Joint. (2020, August 14)	
Figure (3):	Anatomy of genicular nerves	16
Figure (4):	Innervation of the knee (LE-Ipac innervation to the anteromedial kneand ankle	ee, lower leg,
Figure (5):	Genicular arteries anatomy	19
Figure (6):	AP radiographs of a patient with narrowing and osteophyte formatic with osteoarthritic changes of the kn	on consistent
Figure (7):	Ultrasound (Longitudinal plane) supra-patellar synovial recess d hypertrophied synovium (double arm	lemonstrating
Figure (8):	MRI (sagittal view) of the knee she damage (black arrow-head), other visible only on MRI, such as signs of (asterisk), a torn meniscus (large arr marrow lesions (small arrows)	joint changes inflammation ow), or bone
Figure (9):	Innervation of the knee (LE-Ipac innervation to the anteromedial kneand ankle	ee, lower leg,
Figure (10):	Anatomical landmarks of genic Including the supero-medial, super infero-medial genicular nerves at the between the shaft of the femulation of the shaft of the medial epicondyle	o-latreal, and ne connection and both tibia and the
Figure (11):	Innervation of the knee	46

Fig. No.	Title	Page No.
Figure (12):	Sonoanatomy of the genicular no coronal plane. SLGA, superolated artery; SMGA, superomedial genicular arterinferomedial genicular arterinferomedial genicular artery	ralgenicular ular artery; ry; IMGA,
Figure (13):	Ultrasound-guided identification of sites	_
Figure (14):	Innervation of the knee (LE-Ipack innervation to the anteromedial knee and ankle	, lower leg,
Figure (15):	Visual analogue scale with score range (no pain) to 100 (unbearable pain)	
Figure (16):	Patient position to perform a genic block	
Figure (17):	Reverse anatomy of the genicular showing needle insertion and distributional anesthetic. SLGN, superolateral nerve, and artery; SMGN, sugenicular nerve, and artery; ILGN, it genicular nerve, and artery	ution of the al genicular aperomedial nferolateral
Figure (18):	a. Picture of probe placement over to SMGN. b. Ultrasound imaging of GNI applied to the supero-medial genicular	B procedure
Figure (19):	US guided localization of SMGN, IMC	GN, SLGN 62
Figure (20):	The transducer of ultrasound (US) gently from mid to lateral and was t along the axis of the patella	hen rotated
Figure (21):	An ultrasound (US)-guided injective needle tip was observed within the subursa	uprapatellar

Fig. No.	Title	Page No.
Figure (22):	Age distribution among intervention (GNB & IACSI)	
Figure (23):	Gender distribution among intervention (GNB & IACSI)	
Figure (24):	Complaint distribution among in groups (GNB & IACSI)	
Figure (25):	Laterality distribution among in groups (GNB & IACSI)	
Figure (26):	Kellgren-Lwrence grade distribution intervention groups (GNB & IACSI)	_
Figure (27):	Comparison of VAS scores values be intervention groups at different periods	follow up
Figure (28):	Baseline VAS score among intervent (GNB & IACSI)	
Figure (29):	Immediate VAS score among in groups (GNB & IACSI)	
Figure (30):	VAS score at 2 weeks among ir groups (GNB & IACSI)	
Figure (31):	VAS score at 4 weeks among ir groups (GNB & IACSI)	
Figure (32):	VAS score at 8 weeks among in groups (GNB & IACSI)	
Figure (33):	Comparison of OKS scores bet intervention groups at different find periods	follow up
Figure (34):	Baseline OKS score among intervent (GNB & IACSI)	
Figure (35):	OKS score at 2 weeks among ir groups (GNB & IACSI)	

Fig. No.	Title	Page No.
Figure (36):	OKS score at 4 weeks among in groups (GNB & IACSI).	
Figure (37):	OKS score at 8 weeks among ingroups (GNB & IACSI).	
Figure (38):	The improvement of VAS scores impacted after 2, 4, and 8 weeks compared to VAS among intervention groups IACSI)	baseline (GNB &
Figure (39):	The improvement of OKS scores at 2 weeks compared to baseline OKS intervention groups (GNB & IACSI)	S among
Figure (40):	The improvement of VAS scores imparted to the state of VAS among Kellgren-Lwrence groups GNB	baseline rades in
Figure (41):	The improvement of VAS scores imparted to the state of VAS among Kellgren-Lwrence groups IACSI	baseline grades in
Figure (42):	The improvement of OKS scores at 2 weeks compared to baseline OKS Kellgren-Lwrence grades in interventi GNB.	S among on groups
Figure (43):	The improvement of OKS scores at 2 weeks compared to baseline OKS Kellgren-Lwrence grades in interventi IACSI	S among on groups
Figure (44):	X-ray both knees AP standing and late Bilateral knee joint osteoarthritic chang	

Fig. No.	Title	Page No.
Figure (45):	Tools used for GNB and IACSI	96
Figure (46):	Patient position for GNB and IACSI	96
Figure (47):	Localizing GNB injection target points color Doppler US	•
Figure (48):	Marking the three GNB injection (SMGN, SLGN, IMGN) on skin sterilization of the filed.	then full
Figure (49):	US guided GNB of SLGN with need arrows) being introduced till it reach tar just above periosteal line at the junctic condyle and the shaft of the femur (red	rget point on of the
Figure (50):	X-ray left knee AP standing and later Bilateral knee joint osteoarthritic chang	
Figure (51): US	guided IACSI with needle (black arr within supra-patellar bursa(white arrow	

Tist of Abbreviations

Abb.	Full term
AAOS	American Academy of Orthopedic Surgeons
ACL	Anterior cruciate ligament
	American College of Rheumatology
<i>BA</i>	Betamethasone-Acetate
BSP	Betamethasone-Sodium Phosphate
	Common fibular nerve
<i>CKP</i>	Chronic knee pain
CS	Corticosteroids
DVT	Deep venous thrombosis
	. European League Against Rheumatism
FDA	Food and Drug Administration
<i>GNB</i>	. Genicular nerve block
<i>HA</i>	Hyaluronic acid
IACSI	Intra-articular Corticosteroids injection
<i>IAHAI</i>	Intra-articular hyaluronic acid injection
IAPRPI	.Intra articular platelet-rich plasma injection
<i>ILGN</i>	Infero-lateral genicular nerve
<i>IMGN</i>	.Infero-medial genicular nerve
IPBSN	Infra-patellar branch of saphenous nerve
<i>KL</i>	Kellgren-Lawrence
LCL	Lateral collateral ligament
<i>MA</i>	. Methylprednisolone-Acetate
<i>MCL</i>	. Medial collateral ligament
MOAKS	. MRI Osteoarthritis Knee Score
<i>MRI</i>	Magnetic Resonance Imaging
NSAIDs	Non-steroidal anti-inflammatory drugs
<i>OA</i>	. Osteoarthritis
<i>OA</i>	Rodrigues RSI Osteoarthritis Research Society International
PCL	Posterior cruciate ligament

Tist of Abbreviations (Cont...)

Abb.	Full term
PRP	Platelet-rich plasma
<i>RA</i>	Rheumatoid arthritis
RF	Radiofrequency
RFGNA	Radiofrequency genicular nerve ablation
<i>SLGN</i>	Supero-lateral genicular nerve
SMGN	Supero-medial genicular nerve
<i>TA</i>	Triamcinolone-Acetate
<i>TAE</i>	Transcatheter arterial embolization
<i>TH</i>	Triamcinolone-Hexacetonide
<i>TKA</i>	Total knee arthroplasty
<i>US</i>	Ultrasound
<i>VL</i>	Vastus lateralis
<i>VM</i>	Vastus medialis
WOMAC	Western Ontario and McMaster Universities Arthritis Index

Comparative Study between Ultrasound Guided Intraarticular Injection of Corticosteroids and Ultrasound Guided Genicular Nerve Block in Patients with Chronic Knee Pain

Prof. Dr. Walid Mohamed Abdel Hamid Hetta Assoc. Prof. Dr. Ahmed Ibrahim Mousa Ebied, Dr. Mina Emil Edward Abdelmalek, Mohammed Amin Mohammed Kamel El Sirafy,

Radiodiagnosis Department, Faculty of Medicine, Ain Shams University

Corresponding Author: Mohammed Amin Mohammed Kamel El Sirafy

Phone No.: (+2) 01155993355 E-mail: m7mdelsirafy@gmail.com

ABSTRACT

Background: Chronic knee pain represents a major cause of disability and a burden on healthcare systems worldwide, being more prevalent in middle-aged and elderly patients. It can be caused by degenerative conditions, such as osteoarthritis (the most common cause), rheumatoid arthritis, crystalline arthritis, gout, bursitis and infection, such as cellulitis.

Aim of the Work: Illustrate the technical aspects, the indications and the methodology of local therapies for chronic knee pain performed by interventional radiologists and provide current evidence. Assess the efficacy of Ultrasound (US) guided corticosteroids injection and Genicular nerve block to control moderate and advanced chronic knee pain. Compare the immediate and short-term symptomatic and functional improvement obtained after both techniques.

Patients and Methods: Both procedures were performed under ultrasound guidance to identify target points for injection. GNB target points for injection where close to the superior lateral, superior medial and inferior medial genicular arteries while target point for the IACSI group was the suprapatellar bursa. All procedures were performed with a spinal needle (22 G) introduced under ultrasound guidance till reaching the desired target points at both groups. Then injection of a mixture of Lidocaine, Bupivacaine hydrochloride and Triamcinolone Acetonide was done.

Results: In our study, In IACSI group the mean of initial OKS was 48.6 ± 7.4 compared to 50.1 ± 7.6 in GNB group. After 2 weeks, it was markedly decreased to 25.5 ± 3.9 and 22.7 ± 6.8 respectively. After 4 weeks, it increased to 31.1 ± 3.5 and $27.\pm6.9$ respectively. At 8 weeks, it was obviously increased to 44.1 ± 7.1 and 39.3 ± 6.1 respectively.

Conclusion: Ultrasound guided genicular nerve block with a mixture of corticosteroid and local anesthetic is an effective, radiation free method to alleviate chronic knee pain and improve knee joint function. US guided intra-articular corticosteroid injection through suprapatellar approach is also an effective method to relive chronic knee pain and inflammation and to improve knee joint functional capacity.

Keywords: Intraarticular Injection Corticosteroids, Genicular Nerve Block, Chronic Knee Pain.

INTRODUCTION

Chronic knee pain (CKP), which is knee pain of moderate or greater intensity on most or all days for ≥ 3 months, is most often caused by every day wear and tear, overuse or by certain medical conditions (*Ferdinand et al.*, 2017).

Approximately 25% of adults aged over 45 years have previously experienced knee pain lasting over a month or had an episode of knee pain in the last year and prevalence increases with age (*Cottrell et al.*, 2010).