## Ultrasound-Guided Knee Injection

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ابوترابي

فلوشيپ درد

## Ultrasound-Guided Knee Intra-Articular Injection

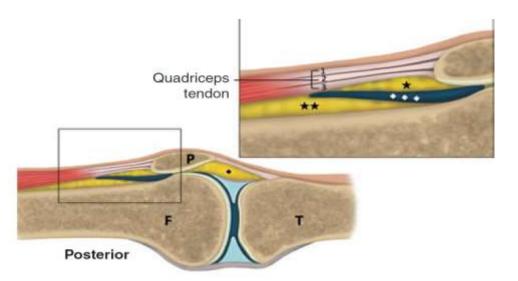
#### **Patient Selection**

Osteoarthritis

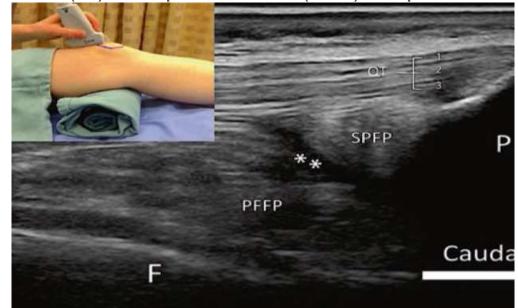
Can be used for other arthritis conditions

#### **Ultrasound Scan**

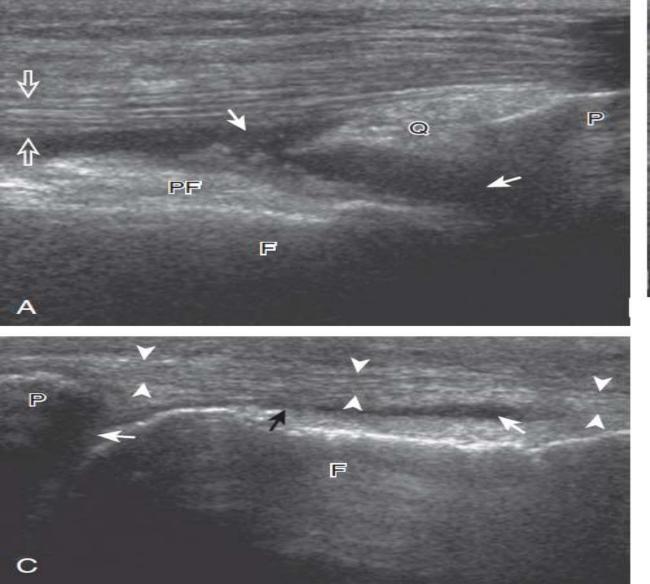
- Position: Supine with support underneath the knee to keep it slightly flexed
- Probe: Linear 6–13 MHz



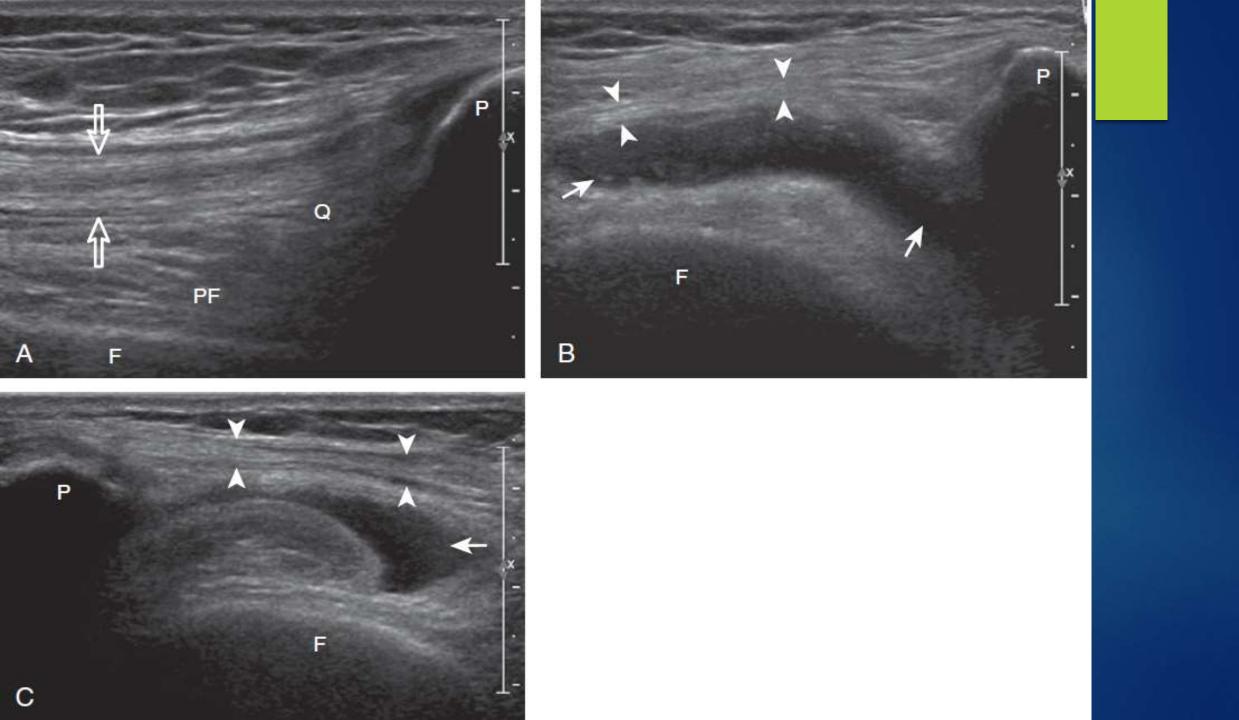
The target is suprapatellar recess SPR ( $\blacklozenge$ ), which is a recess that connects withthe knee joint and is bounded by the suprapatellar ( $\bigstar$ ) and prefemoral ( $\bigstar$  $\bigstar$ ) fat pad

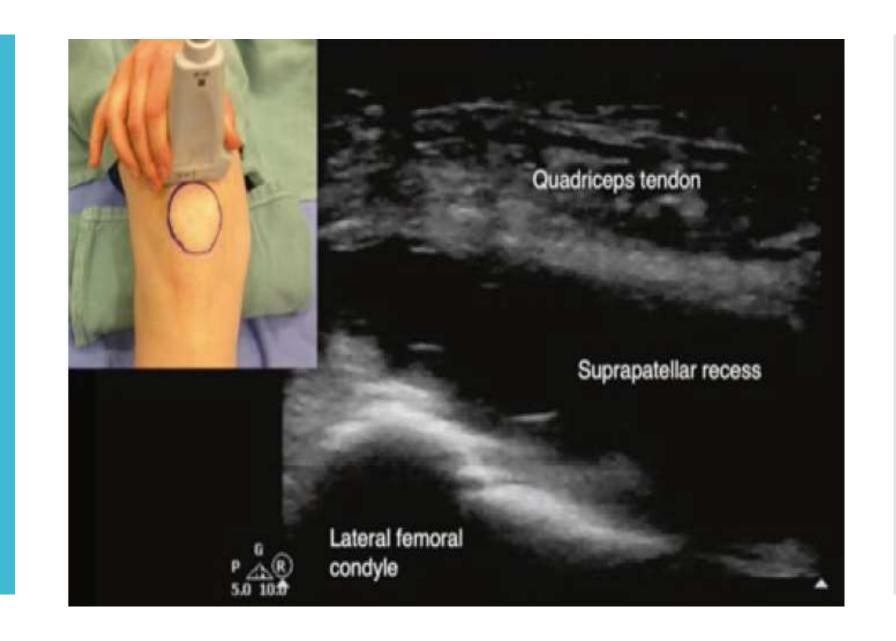


## FLEXTION



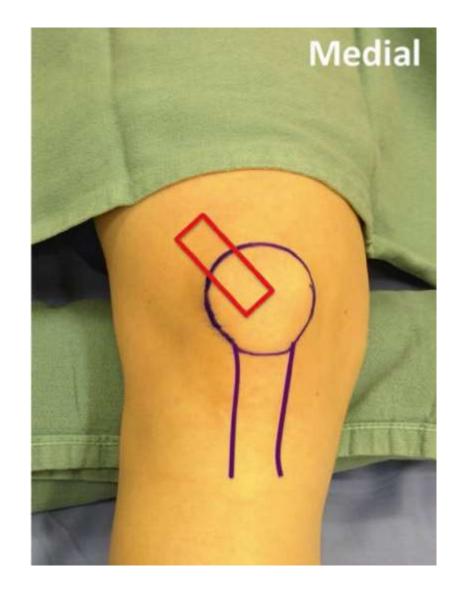




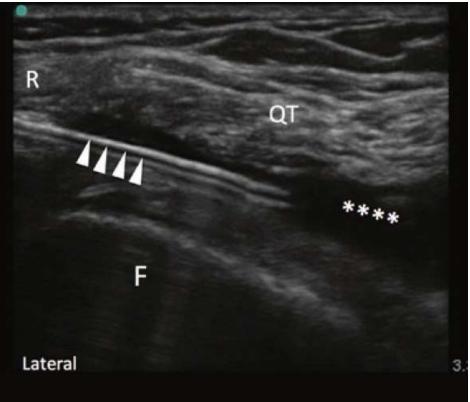


Alternatively, the ultrasound probe is rotated 45 degrees with the cephalad end directed to the lateral side

Superolateral approach with ultrasound probe rotated to 45° to long axis of femur.

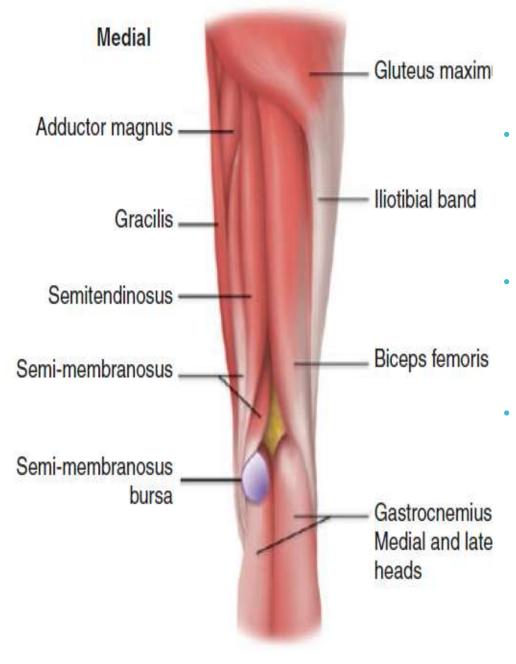






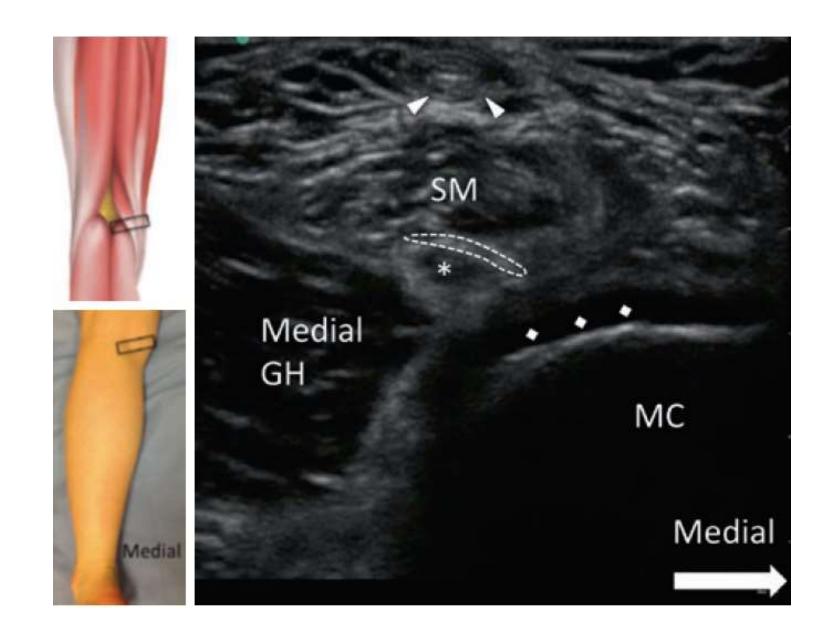
## Ultrasound-Guided Popliteal (Baker's) Cyst Aspiration,

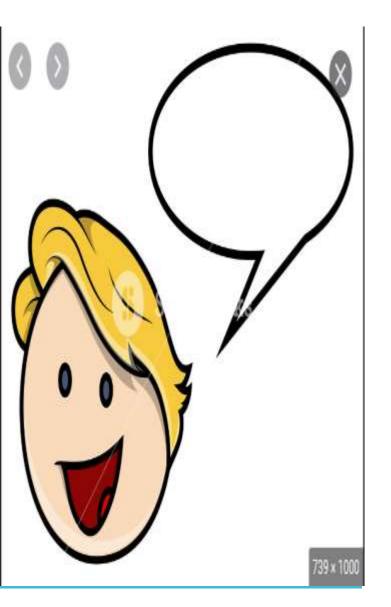
- distention of the semimembranosus-gastrocnemius bursa.
- The incidence of concomitant intra-articular disorders with popliteal cysts is high (94%).



 A Baker's cyst can be classified as a <u>primary cyst</u> if the distendedsemimembranosus-gastrocnemiusbursa arises independently without communication to the knee joint or

- a <u>secondary cyst</u> if there is an open communication between the bursa and the knee joint cavity Whereas most of Baker's cysts are secondary cysts and associated with degenerative knee joint diseases,
- primary cystsare less common and occur primarily in children.



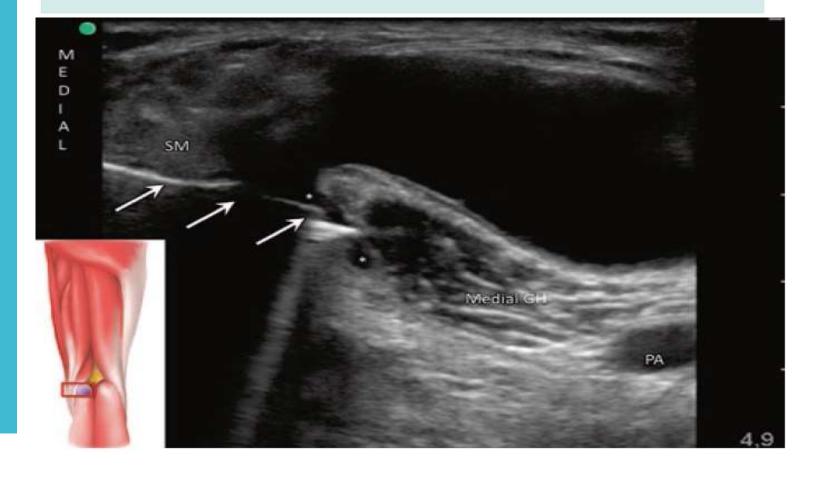


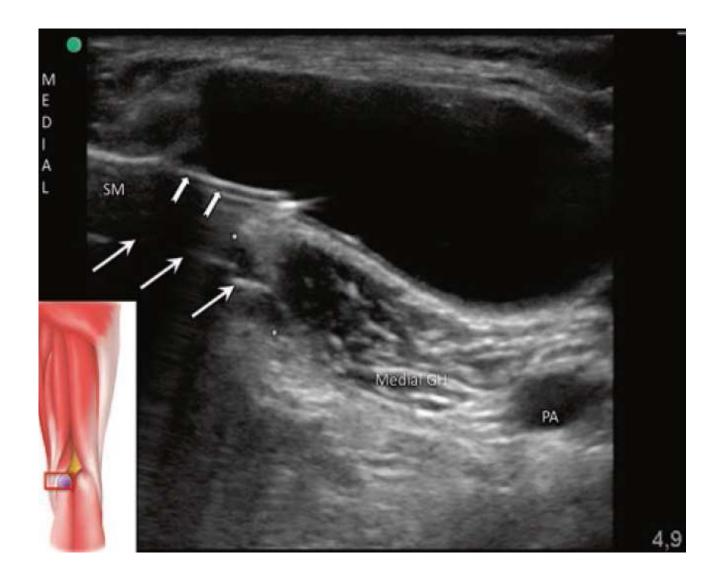


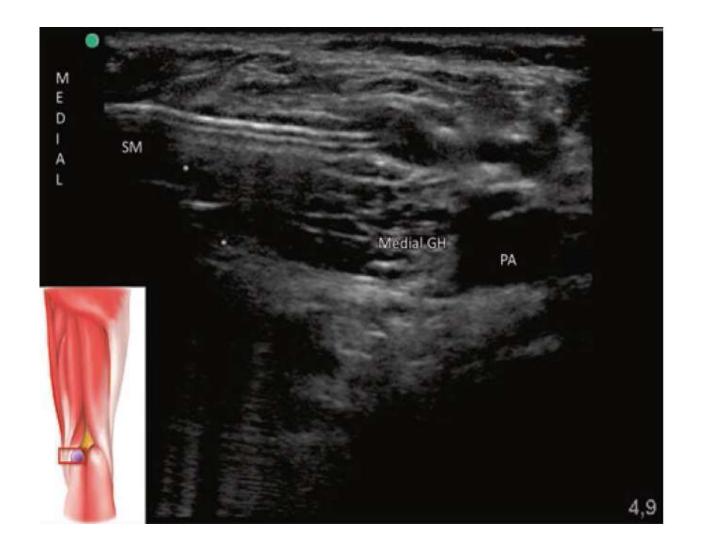


#### **Procedure**

- Needles: 16G needle
- Approach: Linear probe in plane medial to lateral

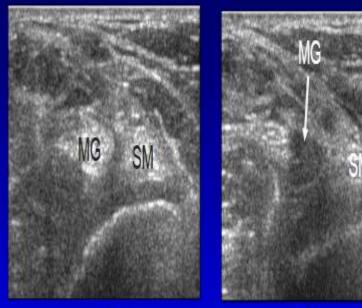




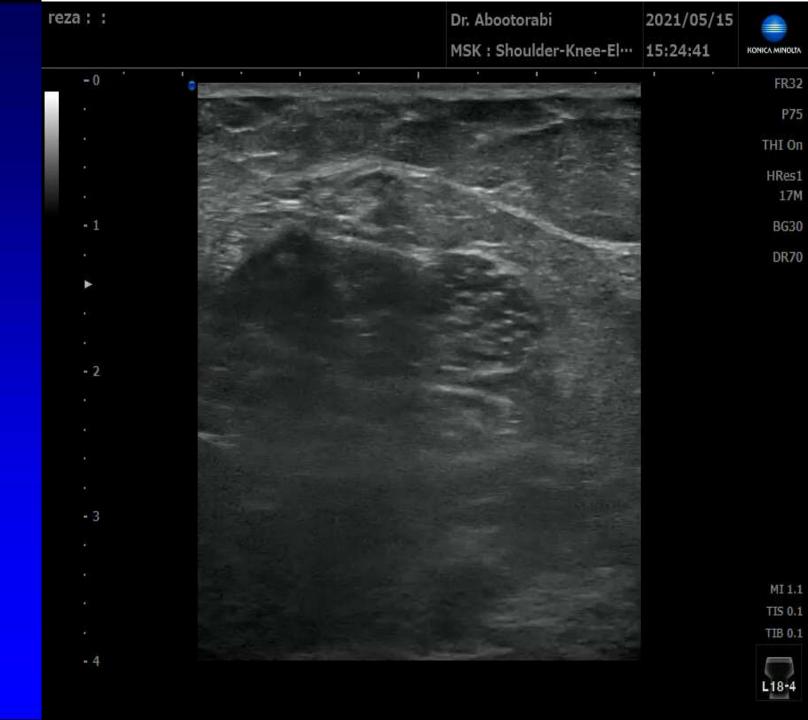


- Finally, injection of steroid into the intra-articular space
- After procedure the patient is advised to wear a moderate or strong compressionelastic knee brace for 4 weeks to keep cyst and pedicle walls together and keep samepressure in anterior and posterior knee.

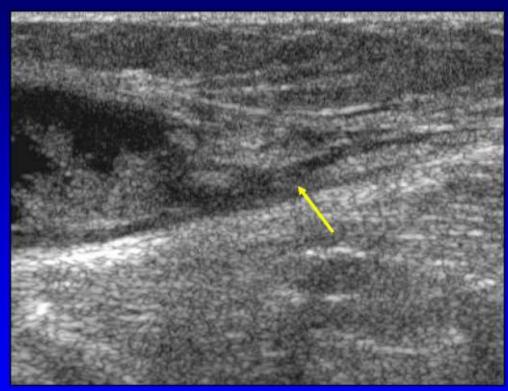
## Baker Cyst Evaluation: pitfall







#### Baker Cyst: rupture

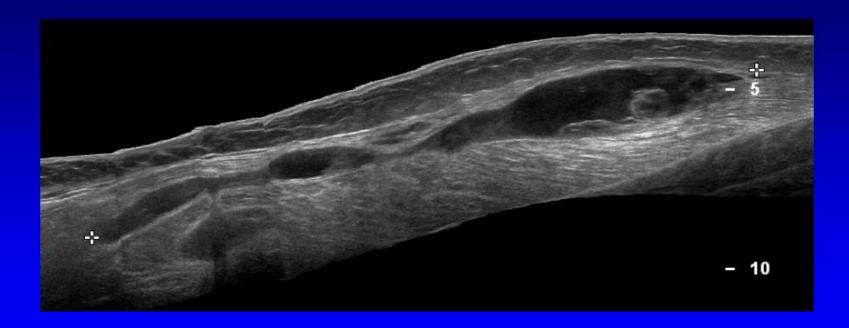






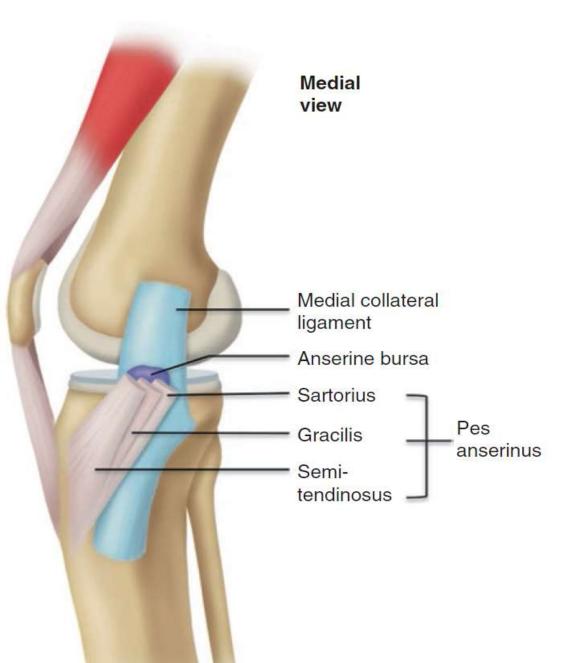
Coronal T2w

#### Baker Cyst: rupture



## Ultrasound-Guided Pes Anserinus Bursa and Peri tendon Injection

- Its name comes from the webbed-footappearance of the tendons of sartorius, gracilis, and semitendinous insertion onto the tibia.
- Between the tibia (medial collateral ligament) and the conjoined tendons,

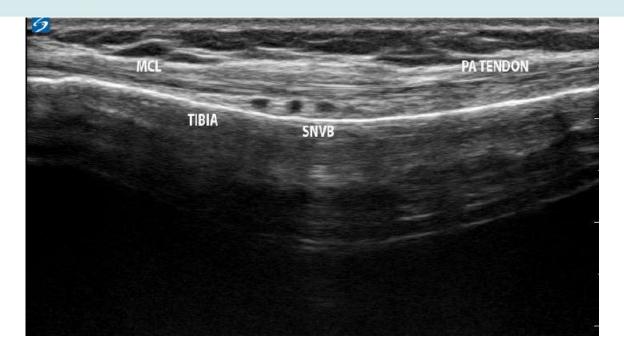


Both pes anserinus tendons and bursa can be injured in valgus deformities and medial compartment osteoarthritis deformities and it can be a very important source of extra-articular pain generator.



#### **Ultrasound Scan**

- Position: Supine with the knee flex and hip externally rotated, assuming "Figure of 4" position
- Probe: Linear 6–15 mHz

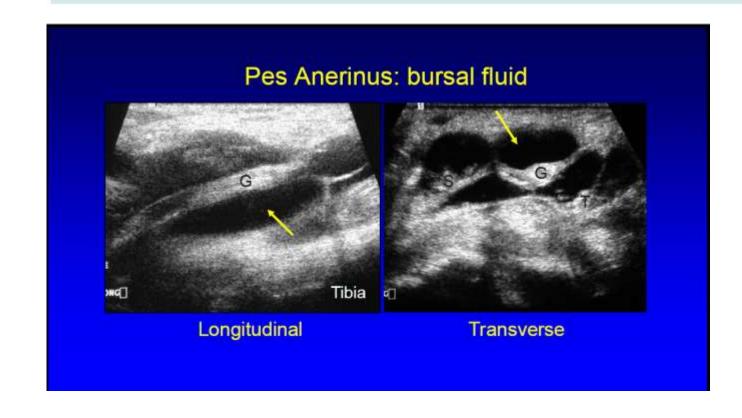


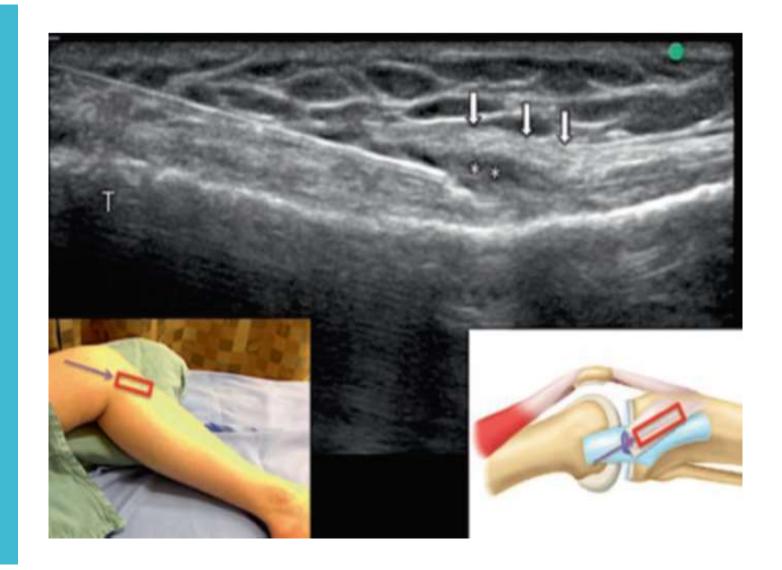


#### **Procedure**

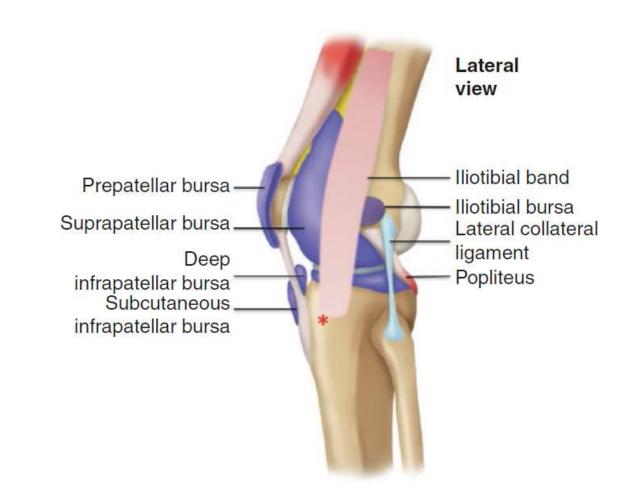
• Needle: 25G 1.5-inch needle

• Drugs: 3 mL 20 mg Depo-Medrol mixed with bupivacaine 0.25





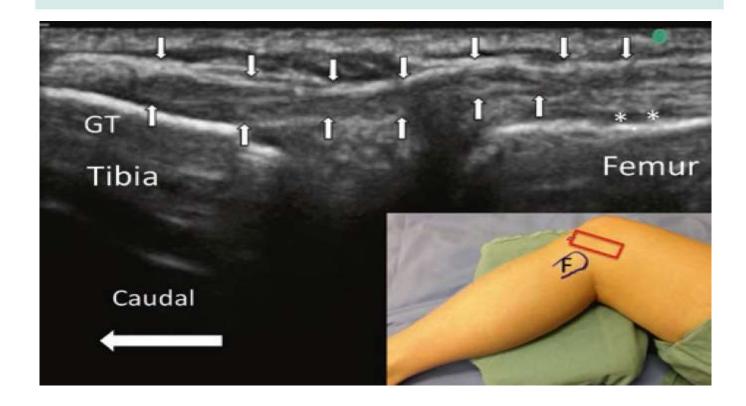
## Ultrasound-Guided Distal Iliotibial Band Bursa Injection



• Iliotibial band (ITB) syndrome is an overuse injury usually observed in the active athletic population, but can happen in patients with varus deformity and or lateral compartment osteoarthritis. The main reason of this pathology is related to the friction of ITB against the lateral femoral epicondyle during flexion and extension, resulting in compression of the fat and connective tissue deep to the ITB, and chronic inflammation of the ITB bursa.

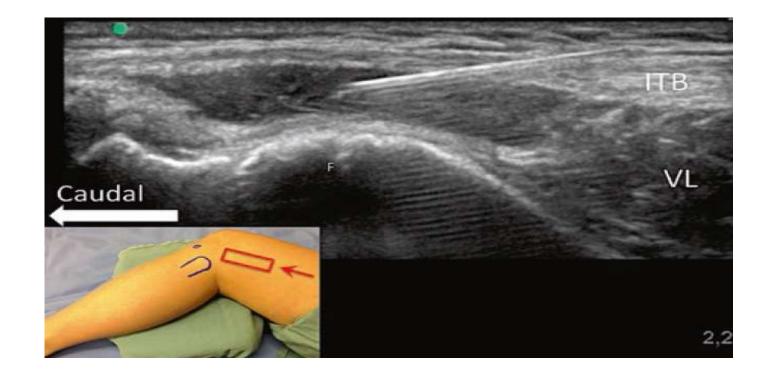
#### **Ultrasound Scan**

- Position: In lateral or semi-lateral position with the scan area in the nondependent side
- Ultrasound probe: Linear 6–15 MHz



#### **Procedure**

- Needle: 25G 1.5-inch needle
- Drugs: 3-5 mL of Depo-Medrol (20 mg) mixed with 0.25% bupivacaine





## Ultrasound-Guided Patellar Tendon Injections

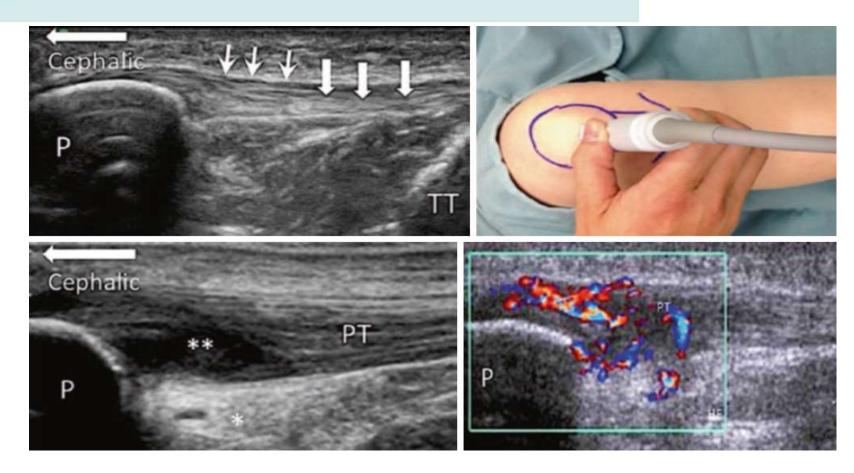
 Patellar tendinopathy ("jumper's knee") is a painful and disabling condition causedby chronic repetitive stress of the proximal patellar tendon at its origin from the inferior pole of the patella. It is particularly prevalent in athletic populations, affecting 40–50% of persons in those sports requiring repetitive,

#### **Ultrasound Scan**

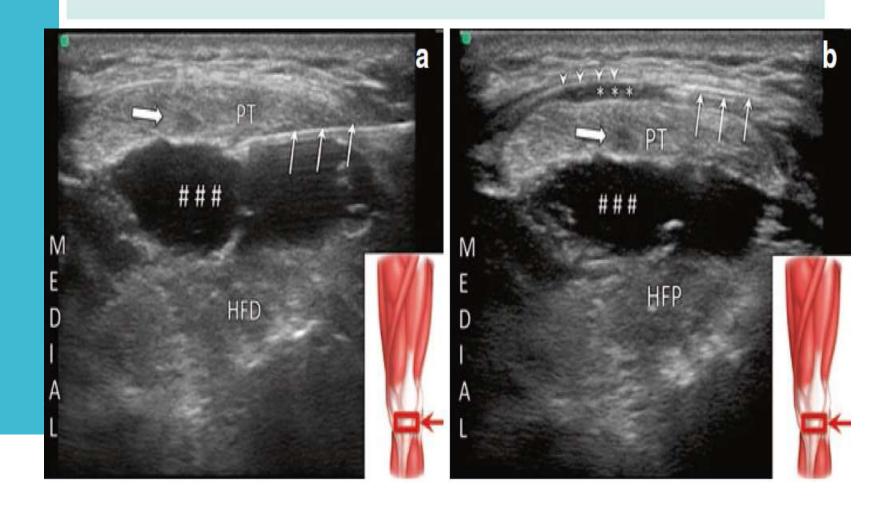
Position: Supine with knee slight flexed

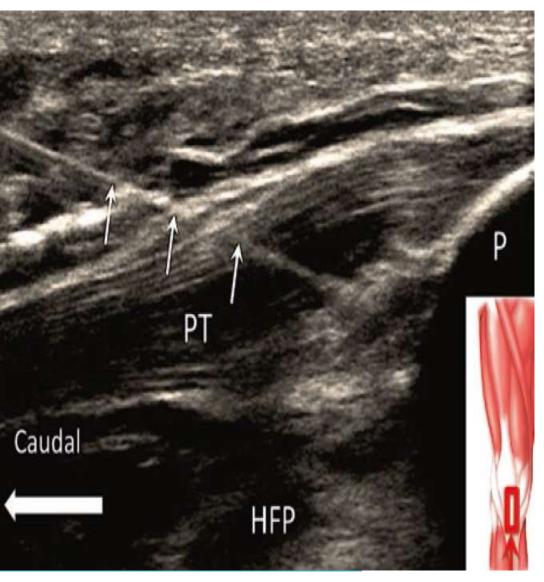
Probe: Linear 6–15 MHz

Neovascular infiltration suggesting inflammation can be seen using Doppler ultrasound



- Needle: 25G 1.5-inch needle (peritendon injection); 20–22G needle (fenestration)
- Drug: Depo-Medrol 20 mg mixed with 3 mL of bupivacaine 0.25% (peritendon injection) and mixed with 20 mL dextrose 5% for high-volume injection





 Long-axis view of patellar tendon is used for intratendinous procedures as needlefenestration tenotomy and/or injection of platelet-rich plasma and other regenerativestrategies

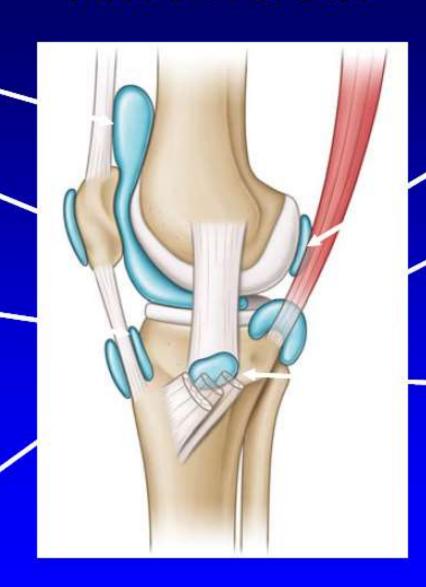
#### **Knee Bursae**

\*Suprapatellar Recess

> Prepatellar Bursa

Deep Infrapatellar Bursa

Superficial Infrapatellar Bursa



Baker Cyst

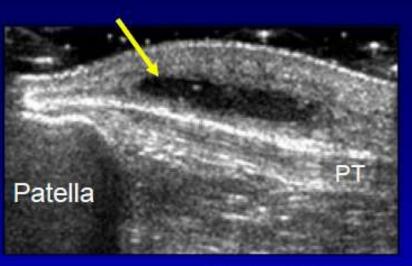
Semimembranosus
-Tibial Collateral
Ligament Bursa

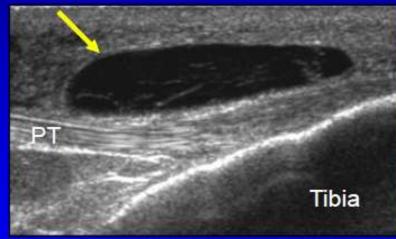
Pes Anserinus Bursa

#### **Anterior Knee Bursa**

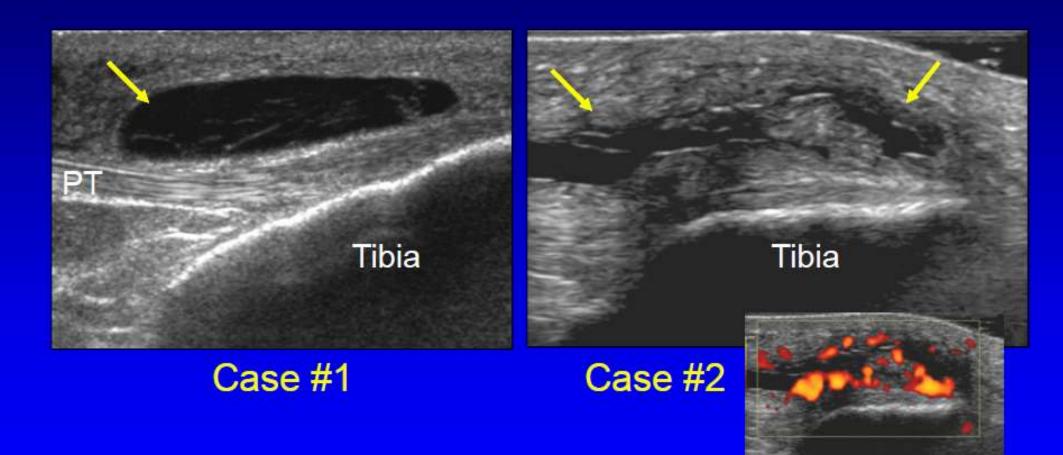
- Prepatellar bursa
- Superficial infrapatellar bursa ———
- Deep infrapatellar bursa

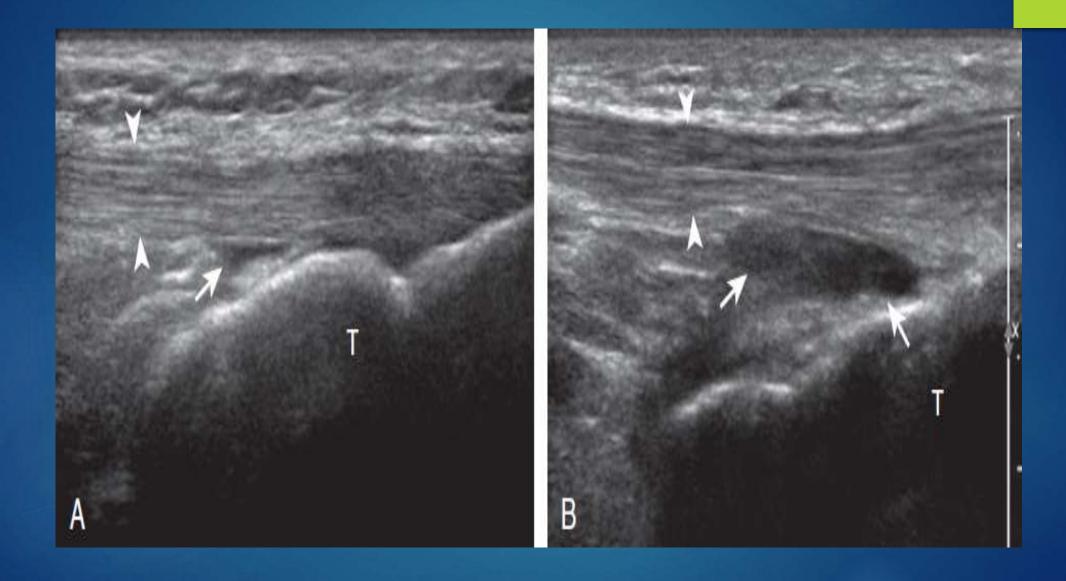






## Superficial Infrapatellar Bursa





Dr. Abootorabi MSK: Shoulder-Knee-El··· 15:02:34

2021/05/18



L18-4

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# THAMK YOU FOR YOUR ATTENTION

