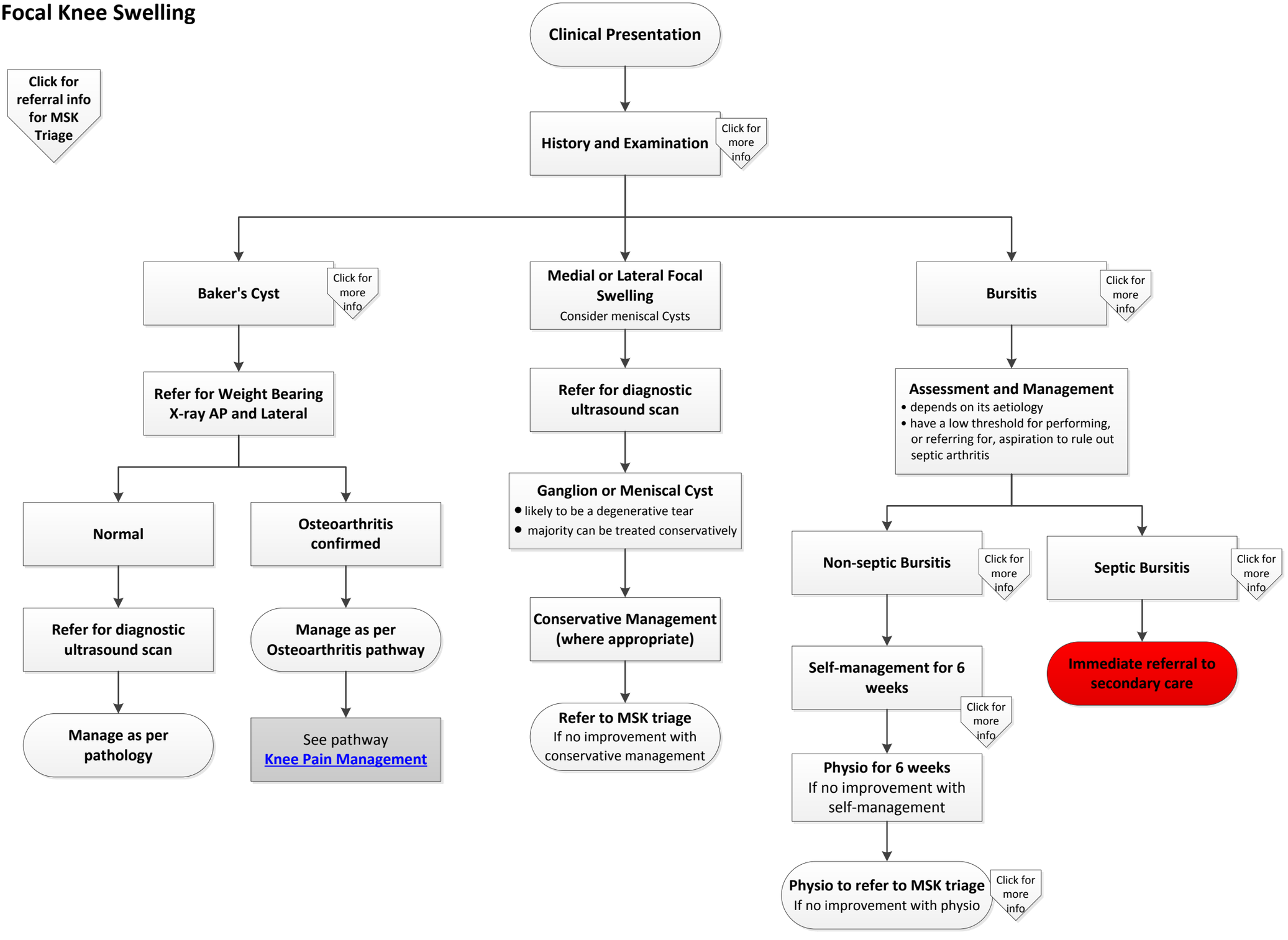
Focal Knee Swelling



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History and examination

History

Ask about:

- History of trauma
- Pain: nature, onset
- Stiffness
- Fever, systemic illness
- Locking or clicking
- Past medical history
- Occupational and recreational activities that may have precipitated pathology

Examination

- Look: assess location of swelling (generalised/media/lateral/ popliteal fossa), overlying erythema, lesions to overlying skin
- Feel: tenderness, warmth compared to contralateral side,

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Baker's Cyst

A Baker's Cyst (Popliteal Cyst) presents as a swelling behind the knee which may be associated with:

- generalised knee swelling
- some loss of knee flexion
- knee ache; and
- symptoms of any associated knee disorder

Primary Baker's cysts:

- occur in otherwise healthy knee joints
- occur generally in children and younger people
- are thought to be a communication between the knee joint and the popliteal bursa through which synovial fluid can pass thus forming the cyst

Secondary Baker's cysts:

- are more common
- occur in knees with underlying problems (commonly knee OA) where the problem in the knee results in production of extra synovial fluid stretching the joint capsule generating a bulge of synovial fluid behind the knee

If a Baker's cyst ruptures then swelling / redness of the calf may develop. The differential diagnosis may include DVT which must be excluded.

If a Baker's cyst is clinically diagnosed, the pathway suggests obtaining a weight-bearing AP/lateral knee X-Ray. If the X-Ray is normal, an ultrasound scan of the swelling should be obtained to clarify the diagnosis.

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Prepatellar Bursitis

Bursitis is inflammation within a bursa. The inflammation leads to an increase in synovial fluid production and causes the bursa to swell.

There are 4 bursa located around the knee joint. They are all susceptible to bursitis but the prepatellar bursa is most commonly affected, then infrapatellar and deep patellar.

Causes:

- acute trauma
- recurrent minor injury
- infection - common in children
- inflammatory disease
- gout or pseudogout

Presentation:

- tenderness and swelling superficial to the patella
- erythema and localised warmth of the skin over the patella
- reduced knee movement
- fever, tachycardia or signs of systemic upset may indicate septic bursitis

Differential diagnosis:

- septic arthritis
- cellulitis
- knee joint effusion

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Non-septic bursitis

Conservative treatment:

- Rest and ice
- Patient education about the condition and its aetiology
- A thick foam cushion, or knee pads, to kneel on can help prevent recurrence. Occupational health referral may be helpful within the workplace if appropriate
- Physiotherapy referral may be helpful if there is reduced range of movement in the knee joint. A stick or cane may be needed to aid walking

Medical treatment:

- Consider aspiration of the prepatellar bursa and injection of a corticosteroid. Complications should be discussed with the patient, including infection, subcutaneous atrophy, bleeding and patellar tendon rupture. Hydrocortisone may be used
- NSAIDs, e.g. ibuprofen - these can be used for mild-to-moderate pain and to reduce inflammation

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Septic bursitis

A specialist opinion is usually required:

- Aspiration - this should be performed to confirm septic bursitis as detailed in the investigations above
- Antibiotic therapy - if septic bursitis is suspected and whilst waiting for confirmatory culture results, start antibiotics. Intravenous antibiotics should be used if the patient is systemically unwell. Cephalosporins or penicillinase resistant penicillins (e.g. Augmentin), or a combination of penicillin V and flucloxacillin may be prescribed.
- Incision and drainage - if symptoms of septic bursitis have not improved significantly within 36-48 hours of antibiotic treatment, incision and drainage is usually performed.

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Self-management for 6 weeks

Arthritis Research UK Knee Pain exercises: https://www.csp.org.uk/publications/knee-pain-exercises

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Physio to refer to MSK triage

- Assessment by ESP
- Self-management / life style advice
- Investigations as required
- MDT discussions with specialists
- Signposting to other MSK provision e.g. pain /physio
- Onward referral to secondary care if required

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Referral information for HCT MSK Triage Service

The administration team are based at the New QE2 hospital.

Appointments and General Enquires: **01707 247411 or 01707 247412 or 07884 547579**

E- referral enquiries via the MSK e-referral administration on: **01707 247416 or 07884 547579**

Referral to the service is via the NHS e-referral system (previously Choose and Book). Electronic screening of referrals takes place on a daily basis by clinicians. The referrals are either referred directly to secondary care where they manage the Choose and Book process, or seen for clinical assessment by the team to decide the appropriate pathway of care.

Clinics for assessment are held at The New QE2, Hertford County Hospital, Cheshunt Community Hospital and Lister Hospital.

The MSK Triage Service and the MSK Physiotherapy Service are both part of the whole integrated HCT MSK Service, and as such can refer directly to each other as appropriate.

The MSK Physiotherapy Service is a team of therapists specialised in the treatment and management of MSK Conditions and based over 6 sites in East and North Herts. (Referral for this team is via generic email – mskphysio.enherts@nhs.net).

The MSK Triage Service is a team of ESP (Physiotherapists by background) but with training and advanced skills for specialist assessment, referring for diagnostics and providing injection therapy. This team meets regularly for 3 MDT meetings with the appropriate Consultant Surgeons for the upper limb, lower limb and spine. Complex cases are discussed at these meetings to provide integrated care as necessary.