# KAMINENI INSTITUTE OF MEDICAL SCIENCES

Sreepuram, Narketpally, Nalognda (Dist) - 508 254

## Morbidity Meeting Held On 20-06-2014 AT 2.00 PM- 4.00 PM

**Chairperson :** Dr. (Lt.Col) C S Jain, Prof.&HOD of Paediatrics

**Total No. present :** 40 (Including Faculty & PGs) as per attendance register.

## ONE CASE DISCUSSED FROM DEPT. OF ORTHOPAEDICS

Case of Recurrent Knee Joint Effusion

**Summary of case:**

40 years/Female admitted in Dept. of Orthopedics for pain & swelling of Rt. Knee associated with H/O trauma. No H/O fever & no swelling in other joints.

O/E - Wind swept deformity present (Rt. Valgus & Lt. Varus) diffuse swelling of Rt. Knee with effusions and no signs of acute inflammation.

During hospital stay of 2 months there was recurrent episodes of effusion of knee 5 times; initial laboratory investigations revealed Hb 8 gm%, TLC - 7100/$mm^3$, PC - 92000/$mm^3$, PT-24, APTT - 41 sec, INR-1.7; BT, CT - Normal, ESR; HIV & HbSAg - Negative, RFT – Urea- 80mg/dl, Creatinine – 2.9 mg/dl, USG - Grade III Renal parenchymal disease, synovial fluid examination: Straw colored : glucose -110 mg/dl, Prot. - 2.4 g/dl & Uric acid - 8.3 mg/dl.

No organisms on cytology & increased lymphocytes. Synovial biopsy showed - hyperplastic synovium with secondary chondrometaplasia

Synovectomy (HPE) –Diffuse fatty hypertrophy

In V/O Anemia & deranged clotting profile 3 units of Blood transfusion & 3 units of FFP were given. In V/O refractory Anemia, even after transfusion. Opinion from physician was taken and investigations advised by him carried out including Bone marrow examination - S/O Microcytic hypochromic with hypoplastic marrow S/O Marrow failure with all other parameters G6PD, LDH, LFT - Normal.

Inj. Jectofer & Erythropoetin, B6&B12 given were added to management on his advise.

Clinical Impression : ? Tuberculosis Synovitis

? Villow Nodulas Synovitis

After 2 months of hospital stay & work up. Patient was shifted to KHL for further evaluation for Refractory Anemia & chronic Renal failure.

**Contd .....**

**Comment by:**

**Q1: Dr. C S Jain:** What was the nature of injury.

**A1: PG:** Fall in agricultural field.

**Q2: Dr. C S Jain:** Any improvement after Erythropoetin injection.

**A2: PG:** Yes, Hb improved from 4 gm% to 7 - 8 gm%.

**Q3: Dr. C S Jain:** Was patient hemodynamically stable throughout the hospital stay.

**A3 : PG:** Yes, U.O. was adequate.

**Q4: Dr. C S Jain:** What was the cause of Bone marrow failure & Chronic Renal Failure in this patient?

**A4: Dr. Vrunda Choudhary:** Chronic pyelonephritis & Aplastic anemia due to chronic infection and admistered drugs could be the reason for CRF & Bone marrow suppression.

**A4: Dr. Subramanyam:** Chronic use of NSAIDS may be reason for CRF leading to refractory anaemia.

**Q5: Dr. C S Jain:** Cause of effusion in Rt. Knee joint.

**A5: Dr. Luther:** Trauma causing immobilization leading to synovial edema may be the cause.

**Q6: Dr. Laxmi Narayana:** Can HIV be the cause for recurrent knee joint effusion.

**A6: Dr. Luther:** Yes, it can be the cause and it was ruled out in this patient by carrying our surgical profile including HIV & HbSAg in this case.

**Q7: Comment by Dr. C S Jain:** This case should be followed up and discussed in later Morbidity meetings after the work up done by Nephrologist & Haematologist.

As there were no further questions the session was closed.

**DR. (LT. COL) C S JAIN**
**PROF. & HOD OF PAEDIATRICS**