

AAOS releases criteria for treating pediatric patients with knee osteochondritis dissecans

December 10 2015

The American Academy of Orthopaedic Surgeons (AAOS) today released Appropriate Use Criteria (AUC) to assist in the treatment and rehabilitation of pediatric patients with osteochondritis dissecans of the femoral condyle, also known as OCD knee.

The injury results when a small piece of bone breaks away from the femur due to inadequate blood supply, and loosens surrounding cartilage in the knee joint. The reason why [blood supply](#) decreases is unknown, but physicians believe some cases happen because of repetitive stress or motion with the bone.

Osteochondritis dissecans of the femoral condyles are rare, occurring mainly in patients between ages 10 to 20. Without successful treatment, patients can develop degenerative arthritis while they are still young.

"There is no magic bullet for this poorly understood condition," said Robert Quinn, MD, AUC Section Leader for the AAOS Committee on Evidence-Based Quality and Value. "It is very challenging to find consensus about appropriate treatment because much evidence of good outcomes is inconclusive. These criteria are the best attempt to narrow down what treatment methods under what conditions have been effective so far."

The new AUC "[Appropriate Use Criteria for Management of Osteochondritis Dissecans of the Femoral Condyle](#)" rates therapies based on whether they are reasonable and acceptable given the patient's

condition, and are likely to improve outcomes.

For example, restricting physical activity that produces impact or pain, and performing physical therapy to regain strength, mobility and function were rated "appropriate." In addition, bracing the knee instead of immediate surgical treatment was rated "may be appropriate." However, the AUC notes that surgical removal of the bone fragment is "rarely appropriate."

Dr. Quinn said physicians should use their professional discretion to determine the best course of action for patients, especially since little clear evidence exists to support treatment choices. As progress is made in treating this bone disorder, the AUC will be updated.

Similarly, AAOS' [clinical practice guideline](#) published in 2010, "The Diagnosis and Treatment of Osteochondritis Dissecans (OCD) of the Knee," showed little agreement on [treatment](#), and noted that recommendations were based on physician opinions in the absence of reliable evidence. The guideline supported offering surgery to [patients](#) with salvageable, unstable or displaced fractures, in addition to postoperative therapy.

Provided by American Academy of Orthopaedic Surgeons

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