

More research needed to determine safety of hip and knee steroid injections

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Although frequently used to treat painful osteoarthritis of the hip and knee, intra-articular corticosteroid (IACS) injections remain

controversial. Questions about whether damage to joints occurs as a result of these injections, which are performed thousands a time each day, persist.

Osteoarthritis of the hip and knee is among the most common joint disorders. A frequently performed treatment for [osteoarthritis](#) and other joint related pain syndromes are IACS, yet there is conflicting evidence on their potential benefit and possible negative outcomes following such injections.

"As of today, there is no established recommendation or consensus regarding imaging, clinical, or laboratory markers before an IACS injection is performed to screen for osteoarthritis-related imaging abnormalities and repeating radiographs before each subsequent IACS injection to detect possible adverse joint findings remains controversial," explains corresponding author Ali Guermazi, MD, Ph.D., chief of radiology at VA Boston Healthcare System and professor of [radiology](#) at Boston University School of Medicine (BUSM).

Guermazi and his colleagues had first reported that accelerated arthritis and joint destruction are observed in some patients who received intra-articular corticosteroid injections. ([Radiology, 2019](#))

In this new study, Guermazi led an international expert panel of researchers who reviewed all published evidence in the literature and found not enough evidence exists to decisively draw a conclusion. However, they did recommend the use of imaging for first time injections or multiple injections with the aim of mitigating the risk for joint collapse and total joint replacement. In addition, the panel reviewed the current understanding of pain in osteoarthritis and summarized current international guidelines regarding indications for IACS injection. They also suggested profiles of those who would likely benefit most from IACS injection and recommended updating patient consent forms

until further evidence on the topic is available.

The researchers hope that studies with mid- to long-term follow-up will soon be available and provide data from before and after IACS [injection](#) compared to appropriate controls. "Understanding the real benefit of IACS in relieving joint pain is paramount," added Guermazi.

These findings appear online in the journal *Radiology*.

Provided by Boston University School of Medicine

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