

Summary

Mrs.E is a 60year old mother of two daughters, and presented with bilateral knee joint osteoarthritis(OA), more prominent on left side since 6years, which worsened since one-year duration with marked limitation of activities of daily living since November, 2019.She has no other joint involvement or other rheumatological diseases but she is a known patient with hypothyroidism and hypercholesterolemia since 1year duration, under control on thyroxine and rosuvastatin.

She has undergone hemorrhoidectomy 25years back and paraumbilical hernia repair 8years back.

On examination, she is over-weight and there is bilateral genu varus deformity of the knee, more marked on left side, associated with knee joint swelling suggestive of joint effusion, crepitus and restriction of active and passive left knee movements, due to pain. Other system examinations were unremarkable.

On Comprehensive Geriatric Assessment (CGA), she had restricted mobility and limited functional capacity with a low Knee injury and Osteoarthritis Outcome Score (KOOS), joint pain of 4-6 in FACES pain scale and poor sleep. She has poor near, and distant vision and is using spectacles. No recurrent falls, urinary incontinence, hearing or memory impairment or polypharmacy.

Due to severe limitation of function and failure with conservative treatment, she underwent left Total Knee Replacement (TKR) on 4th of March,2020 without post-operative complications. Post operatively she was given analgesia, iv co-amoxyclavulnic acid, deep vein thrombosis prophylaxis and started on physiotherapy. She was discharged on analgesic medication, with a walker after educating on physiotherapy, weight reduction and home environment modifications, needed to prevent falls.

There was marked reduction of her knee joint pain and marked improvement of her functional capacity following surgery and 1 month after, she could walk without the aid of the walker. Patient expectations were fulfilled and her daughters who were the caregivers could manage well.