

SPONTANEOUS OSTEONECROSIS OF THE KNEE (SONK)

WHAT IS IT AND HOW IS IT MANAGED?

- 1 WHAT IS IT?**

THERE ARE 3 TYPES:
PRIMARY:
MOST COMMON. WHERE BLOOD FLOW TO THE END OF YOUR THIGH BONE IS COMPROMISED THUS LEADING TO REDUCTION IN BONE HEALTH
SECONDARY:
CHANGES IN BONE HEALTH ASSOCIATED WITH MEDICAL CONDITIONS SUCH AS LONG TERM STEROID USE, SICKLE CELL DISEASE, LUPUS, OSTEOPOROSIS OR A HISTORY OF ALCOHOL EXCESS
POST OPERATIVE:
THIS IS MUCH RARER AND ASSOCIATED TO AFTER AN OPERATIVE PROCEDURE
SEVERE OSTEONECROSIS CAN LEAD TO DEVELOPMENT OF OSTEOARTHRITIS
- 2 IS IT COMMON?**

NO, SONK IS A RARE KNEE CONDITION, OFTEN PAIN IS FELT ON THE INSIDE OF THE KNEE AND IS WORSE AT NIGHT AND WHEN WEIGHT BEARING
9 IN 100 PEOPLE OVER THE AGE OF 65 CAN DEVELOP PRIMARY SONK WITH A RATIO OF 3:1 FEMALES TO MALES
- 3 HOW IS IT DIAGNOSED?**

X-RAY FOLLOWED BY POTENTIALLY AN MRI SCAN WILL BE ABLE TO DETERMINE THE STAGE OF SYMPTOMS WHICH IS IMPORTANT WHEN CHOOSING THE APPROPRIATE TREATMENT

WHAT ARE MY TREATMENT OPTIONS?

Early Stage

- Non-steroidal anti-inflammatories
- Reduced weight bearing (+/- brace)
- Physiotherapy
- Biphosphonates may be considered



Late Stage

- Potential keyhole surgery
- Potential joint replacement
- *Surgical options will depend on severity*

REFERENCES:

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2. Meier, C., Kraenzlin, C., Friederich, N.F., Wischer, T., Grize, L., Meier, C.R. and Kraenzlin, M.E., 2014. Effect of ibandronate on spontaneous osteonecrosis of the knee: a randomized, double-blind, placebo-controlled trial. *Osteoporosis international*, 25(1), pp.359-366.