
OPTIONS FOR THE MIDDLE-AGED WITH ELBOW ARTHRITIS

Arthur T. Lee, MD, and Aaron Daluiski, MD. Osteoarthritis of the Elbow. In The Journal of Hand Surgery. January 2012, hand surgeons from the Hospital for Special Surgery in New York City.

Setting the scene:

The aim of this study is to review the evidence for various surgical procedures to address the problem of Middle-aged adults with elbow pain, loss of motion, and stiffness from osteoarthritis due to young osteoarthritis.

What did they do?

They use the case of a 46-year-old man with osteoarthritis of the elbow to discuss surgical treatment options for the middle-aged adult. This particular patient had obvious arthritic changes of the elbow as seen on X-rays. Although he can bend the elbow, extension is very limited making for some difficulty with daily activities and self-care. Surgical options range from arthroscopic release of the muscle contracture to debridement and removal of the head of the radial bone at the elbow. Debridement refers to the scraping away of loose bone, bone spurs, and opening up the narrowed joint space. Some surgeons have developed their own special techniques to deal with the problem. For example, there is the open Outerbridge-Kashiwagi (OK) procedure or the ulno-humeral arthroplasty procedure. These are two additional ways to perform debridement. Studies comparing open incision surgery versus arthroscopic (minimally invasive) approaches are ongoing. There is evidence that open surgery provides greater range of motion, while arthroscopic surgery reduces pain more. An overall review of the studies done show that decreased pain, increased motion, improved function, and patient satisfaction are reported no matter what type of surgery is done. But long-term studies also show that the disease process continues unstopped. More bone spurs develop. Pain and stiffness eventually return. The hand surgeons who authored this article tell their patients to expect "modest" and "unpredictable" improvements. They are honest and forthright in saying the osteoarthritis won't go away but will get worse over time. For these reasons, they encourage further research to find better ways to treat this problem. Understanding the underlying cause and pathology of the disease might help scientists find a way to prevent the disease in the first place or at least stop the progression of disease once it starts.

Take away message:

Finally, they are honest and forthright in saying the osteoarthritis won't go away but will get worse over time. For these reasons, they encourage further research to find better ways to treat this problem. Understanding the underlying cause and pathology of the disease might help scientists find a way to prevent the disease in the first place or at least stop the progression of disease once it starts. For now, they advise open release and debridement with special care to avoid damage to the ulnar nerve. Without enough evidence to show that results are better with arthroscopic techniques, they prefer the ability to see and protect the nerve using the open approach.