Notes and miscellanea

Unusual presentation of Osgood-Schlatter's disease

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Beat knee or traumatic bursitis and cellulitis of the pre-patellar bursae is a known occupational hazard in miners and others who work on their knees for prolonged periods. It is a prescribed industrial disease, so that accurate diagnosis is of economic importance to the sufferer.

A case is described of bilateral painful, swollen knees in a young man which, although assumed to be beat knee by his older colleagues, was discovered to be osteochondritis. This may also be associated with repeated trauma but is not compensatable.

Case report

An 18-year-old trainee miner presented complaining of chronic pain of three months' duration in both knees in the region of the tibial tubercles. During this time he was working underground on a narrow face and spent the whole shift on his knees. He wore knee pads of a type usually preferred by experienced miners. His pain was relieved after the shift and disappeared during the weekend. He was not a sportsman and did not use his legs in any particularly strenuous way during relaxation. There was no history of acute trauma or previous injury.

He was a tall, thin young man with prominent tibial tubercles, slightly thickened overlying skin,

and some local soft-tissue swelling. Although the tibial tubercles were tender on palpation and kneeling produced an immediate pain in the area, there was no evidence of local infection or skin abrasion. Knee joint movements were full, but full flexion produced some discomfort and traction in the patellar tendons.

In view of his age and the short time he had been in the industry the diagnosis of chronic bursitis was thought unlikely and Osgood-Schlatter's disease more probable. Radiographs of the knees confirmed the latter diagnosis, the appearances being reported as follows: "Swelling of the overlying soft tissues, with irregularity of both tibial tubercles, and areas of increased density in the underlying cortices. On the right side definite fragmentation is seen. Both patellae appear normal." In view of the diagnosis, he was transferred to work where there was no kneeling and subsequently his course has been uneventful. He later returned to work on the face and is reviewed at regular intervals.

Comment

There is doubt about the aetiology of Osgood-Schlatter's disease,¹ but it seems acceptable that chronic repeated trauma may be one cause.² It is well-known in young men playing ball games, particularly football. So far as we are aware this is the first reported case in a young trainee miner, but the condition may well be worth excluding in workers who often complain of painful knees.

In view of the question of possible compensation it is probably advisable to be as sure as possible of the diagnosis despite the fact that this is self-limiting and usually requires little treatment. Removal from the assumed stimulus would appear to be the maximum interference that is necessary.

References

- ¹ Aicroth P. Osteochondritis dissecans of the knee. *J Bone Joint Surg (Br)* 1971;**55**:440-7.
- ² Sutton D, Grainger RG, eds. *A textbook of radiology*. 2nd ed. London: Churchill-Livingstone, 1975.

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