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Titel des Beitrags: Treatment of bone marrow edema syndrome with intravenous ibandronate.

Abstract: In this pilot study, we investigated the therapeutic efficacy of intravenous ibandronate compared to pain medication on the outcome of bone marrow edemas (BME) of the knee and talus. Fifteen patients with a painful BME of the knee and 15 patients with a BME of the ankle, confirmed on MRI, were enrolled and treated with three ambulatory infusions of each 6 mg ibandronate (group 1). A control group (group 2) of 10 patients with a BME of the knee and 10 patients with a BME of the talus was treated with pain medication and partial weight bearing. Patients were evaluated clinically at baseline and at 1, 3, 6 and 12 months after therapy start with a visual analog pain-scale (VAS) and specific joint scores (Larson knee- and Mazur ankle-score). BMEs were assessed with MRI at baseline and after 6 months in both groups. In the knee group, the mean VAS pain score decreased from 8.5 at baseline to 1.2 at 12 months (p < 0.0001) in patients treated with ibandronate and, respectively, from 8.1 to 4.0 in the control group (p < 0.001). In the ankle group, the mean VAS pain score decreased from 8.2 at baseline to 0.9 at 12 months (p < 0.0001) in patients treated with ibandronate and, respectively, from 7.9 to 3.9 in the control group (p < 0.001). The mean Mazur ankle score increased from 51 to 91 points (p < 0.001) in group 1, and from 52 to 72 points in group 2 (p < 0.01). The mean Larson knee score increased from 54 to 89 points (p < 0.001) at 12 months in group 1,
and from 51 to 70 points in group 2 (p< 0.01). For both joints, we observed a significant clinical improvement in the ibandronate treatment group and in the control group, but functional results were significantly more improved in the ibandronate treatment group. Only the ibandronate treatment group showed a significant BME regression at the 6 months MRI follow-up. Intravenous ibandronate therapy showed significantly better clinical results and BME regression rates on MR-imaging compared to analgesic medication in combination with partial weight bearing in the treatment of BME of the knee and talus and shortens the natural course of the disease.

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