

43. PARTICULARITIES OF GONARTHROSIS IN WOMEN

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Introduction. Gonarthrosis – represents the degeneration of the knee joint, which usually manifests itself clinically in elderly patients (generally over 60 years), but on the background of risk factors: general (sex (female), heredity, obesity (plus 5 kg of body mass increases the risk of gonarthrosis by 30%), hormonal status (postmenopause)) and local (professional strain, joint trauma, weakening of the joint muscles, surgery on the joints in the anamnesis (meniscusectomy)) occurs earlier, after 40 years. Gonarthrosis is more common in women and is characterized by progressive wear of the articular cartilage, which causes the appearance of pain and its intensification with the passage of time.

Case presentation. Patient N.B., 43 years old, was hospitalized on a scheduled basis, in the Artrology department of RCH "Timofei Moşneaga" with the following accusations: pain in the knee joints bilaterally asymmetrical, mainly the right joint, appear "out of the blue", with a mechanical character, which intensifies when moving, the mobility of the joint being preserved. Lately pain has become much more intense. From the anamnesis: menopause from 40 years, working as a salesman in a food market, 6 months ago had a trauma (fall on the knees during movement). Clinical: the patient has the II degree of obesity after WHO, the knee joints bilaterally – painful on palpation, at active and passive movements – crepitations, pain in the knee joints is accentuated, mainly from the right; from the side of the internal organs – without particularities. The patient was examined: laboratory (ESR 22 mm/hour, CRP 8 g/l) and instrumental (MRI of the knee joints, conclusion: horizontal rupture of the posterior horn of the medial meniscus, gonarthrosis of the right knee joint, grade I-II, Baker's cyst). The clinical diagnosis was established: secondary bilateral gonarthrosis, grade I-II, Baker's cyst on the right. Obesity, II degree (after WHO). The patient followed the treatment with Muscoflex sol. inj. 4 mg/2 ml i/m for 7 days, Diclofenac sol. inj. 75 mg/ 3 ml i/m for 7 days, Neuromax sol. inj. 50 mg/50 mg/0.5 mg/ml i/m for 7 days, magnetotherapy, ultraphonophoresis, kinetotherapy for 5 days. The patient was discharged with pain relief and outpatient recommendations were given: to take control over the body mass, physical therapy – to maintain joint mobility and muscle strength of the lower members, to possibly change profession, drug treatment (NSAIDs, Pain relievers, Chondroprotectors, Vitamin D) to relieve the course of the disease.

Discussion. Gonarthrosis is a condition of a degenerative nature, related to cellular apoptosis, and as a result progressive loss of knee cartilage. Gonarthrosis has a very long evolution, for years or even decades, greatly affecting the quality of life of patients. Gonarthrosis is a condition that can greatly influence the patient's life, but if the symptoms are recognized in time and the patient goes to the doctor, its evolution can be significantly slowed down.

Conclusion. In order to prevent the progression of gonarthrosis, it is necessary to establish the diagnosis at early stages and influence (if possibly) on risk factors (in case of our patient – to lose weight, to change the profession (saleswoman)). Treatment should be combined: diet, regular exercise, physiotherapy, drug treatment (general and local), spa treatment.