

OSTEOARTHRITIS

{ BY
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Frontal
plane

Articulating
bone

Synovial (joint)
cavity (contains
synovial fluid)

Articular
cartilage

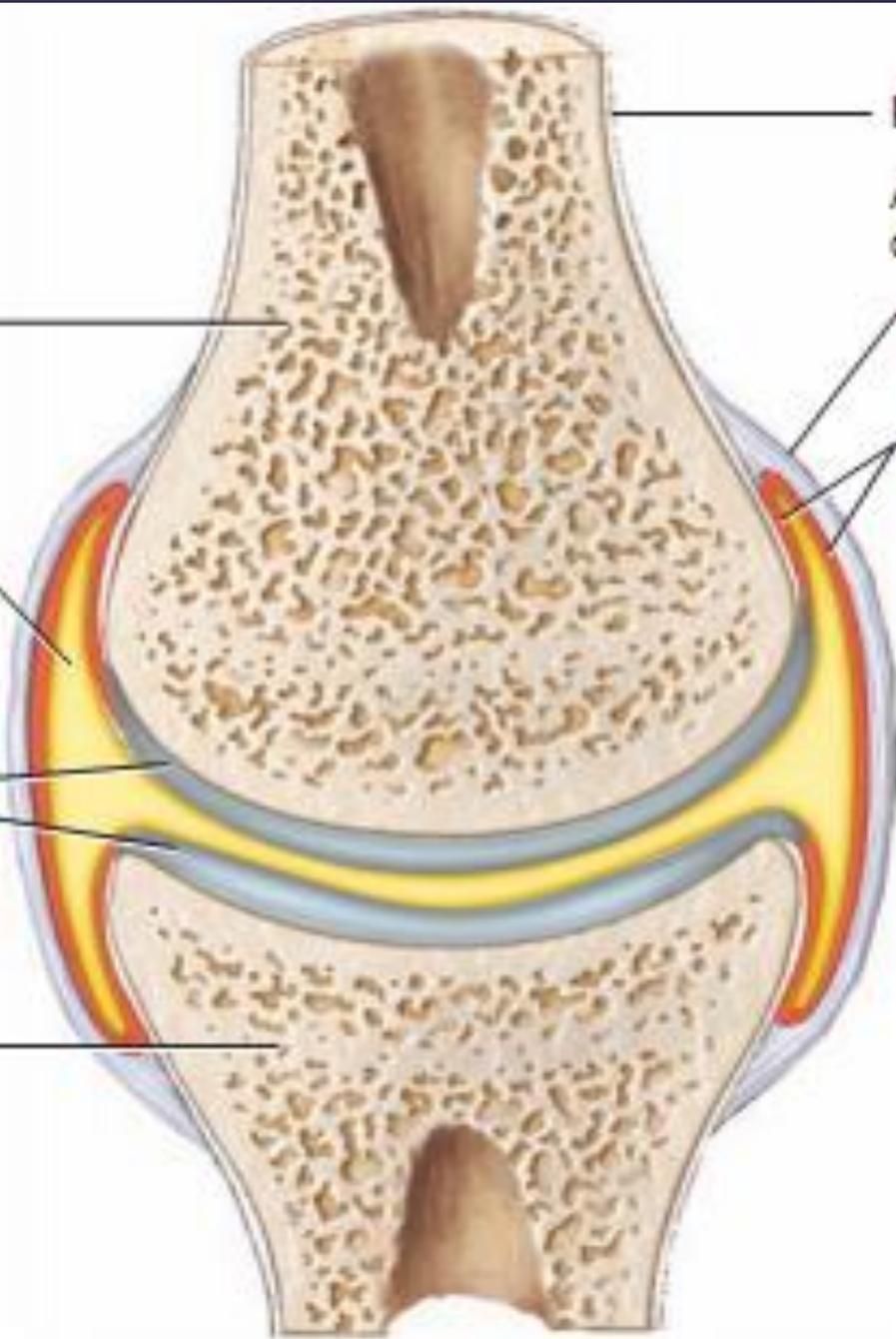
Articulating
bone

Periosteum

Articular (joint)
capsule:

Fibrous
membrane

Synovial
membrane

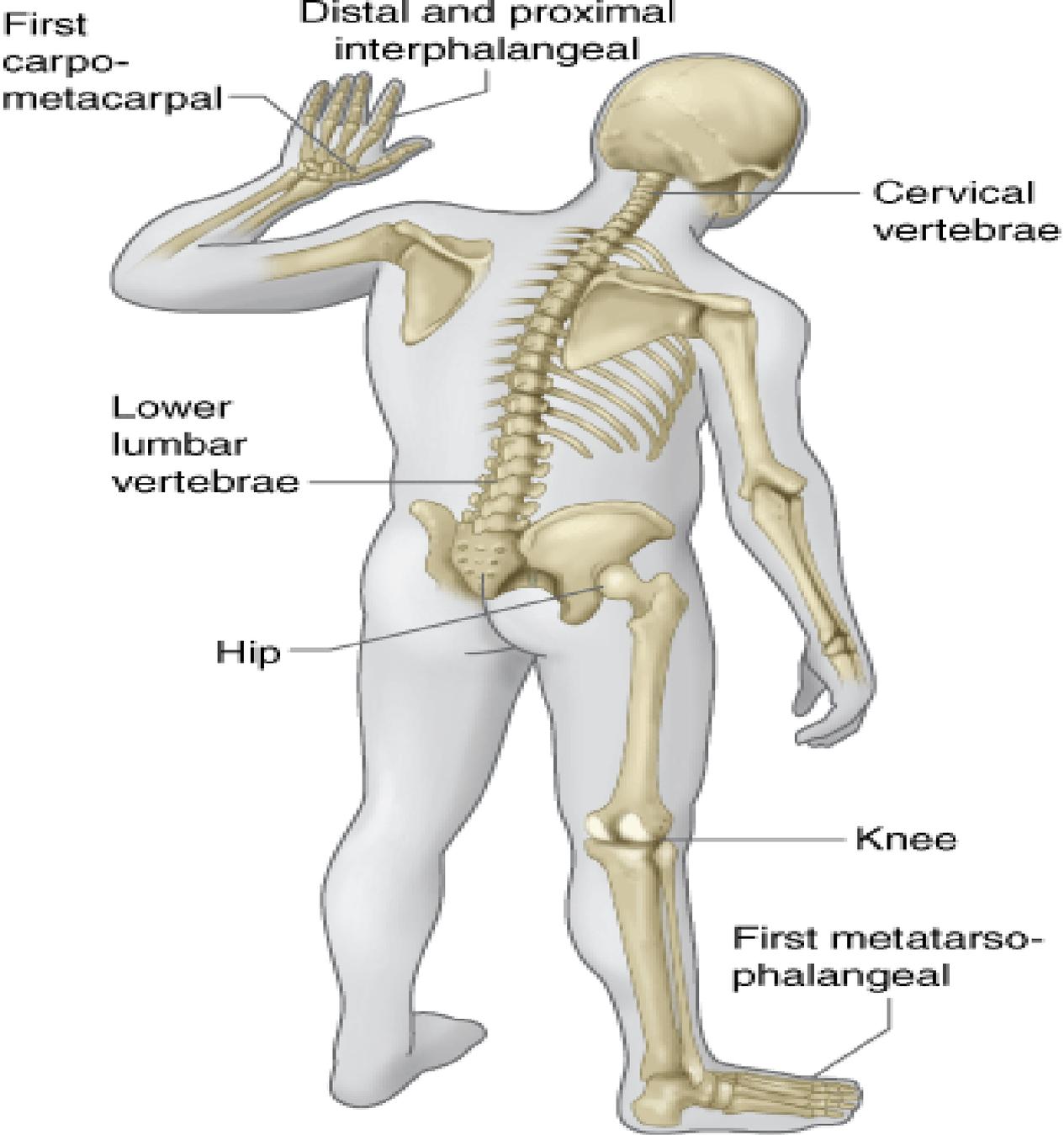


Introduction

Osteoarthritis (OA) is a common, **slowly progressive disorder** affecting primarily the **weight-bearing diarthrodial joints** of the peripheral and axial skeleton.

↳ It is characterized by progressive deterioration and **loss of articular cartilage**, resulting in osteophyte formation, pain, limitation of motion, deformity, and progressive disability.

↳ **Inflammation** may or may not be present in the affected joints.



ETIOLOGY

Obesity

Previous
Occupation

OSTEOARTHRITIS

Joint Trauma

Genetic
Predisposition

Obesity

↳ Strongly associated with **hip, knee, and hand OA**

↳ **Preventable**

↳ **10% Increases** with each additional **kilogram of weight**

Occupation, Sports, and Trauma

- ⌘ Activities involving **repetitive motion or injury** are at **increased risk** for developing OA
- ⌘ OA is associated with participation in wrestling, boxing, baseball pitching, cycling, and football.

Genetic Factors

Variants in the

& **Interleukin-1 family,**

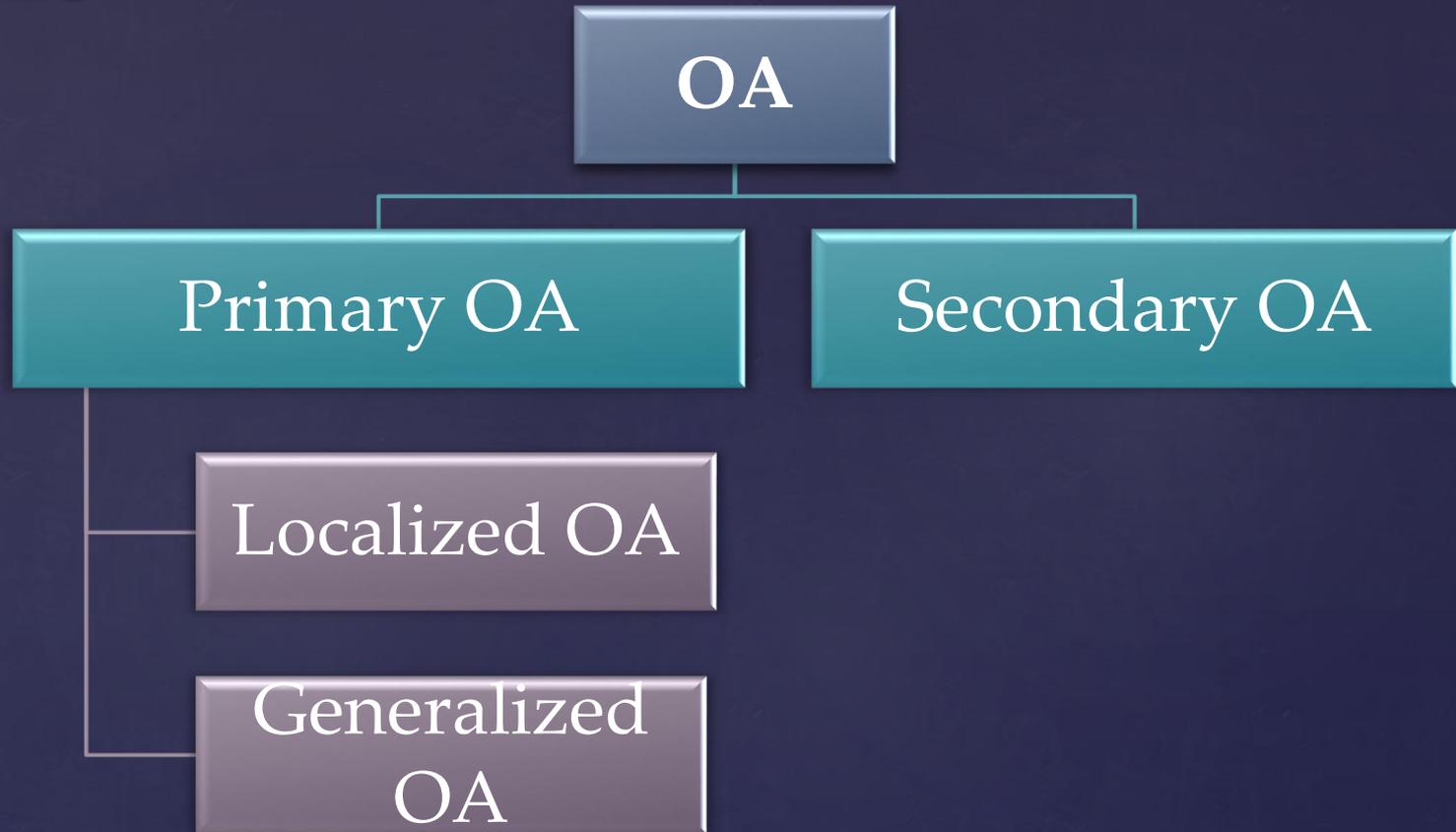
& **Interleukin-4 receptor,**

& **Secreted frizzled-related protein** (*FRZB* is a gene for a Frizzle protein) plays a critical role in matrix synthesis and joint development.

& All showed very significant associations with OA

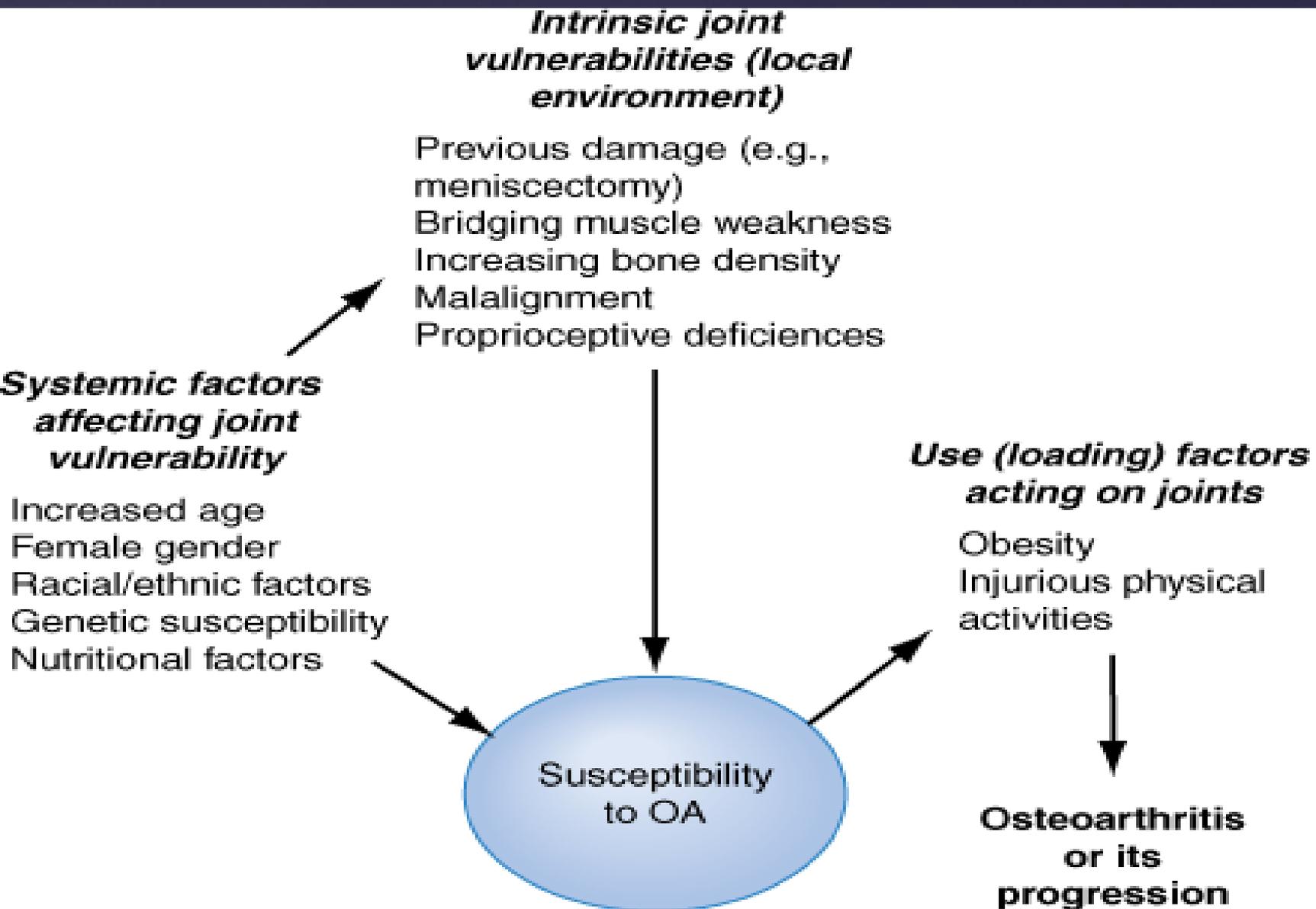
& **Genetic mutations** in **proteins** that regulate the transcription of major cartilage molecules are at **high risk** of OA.

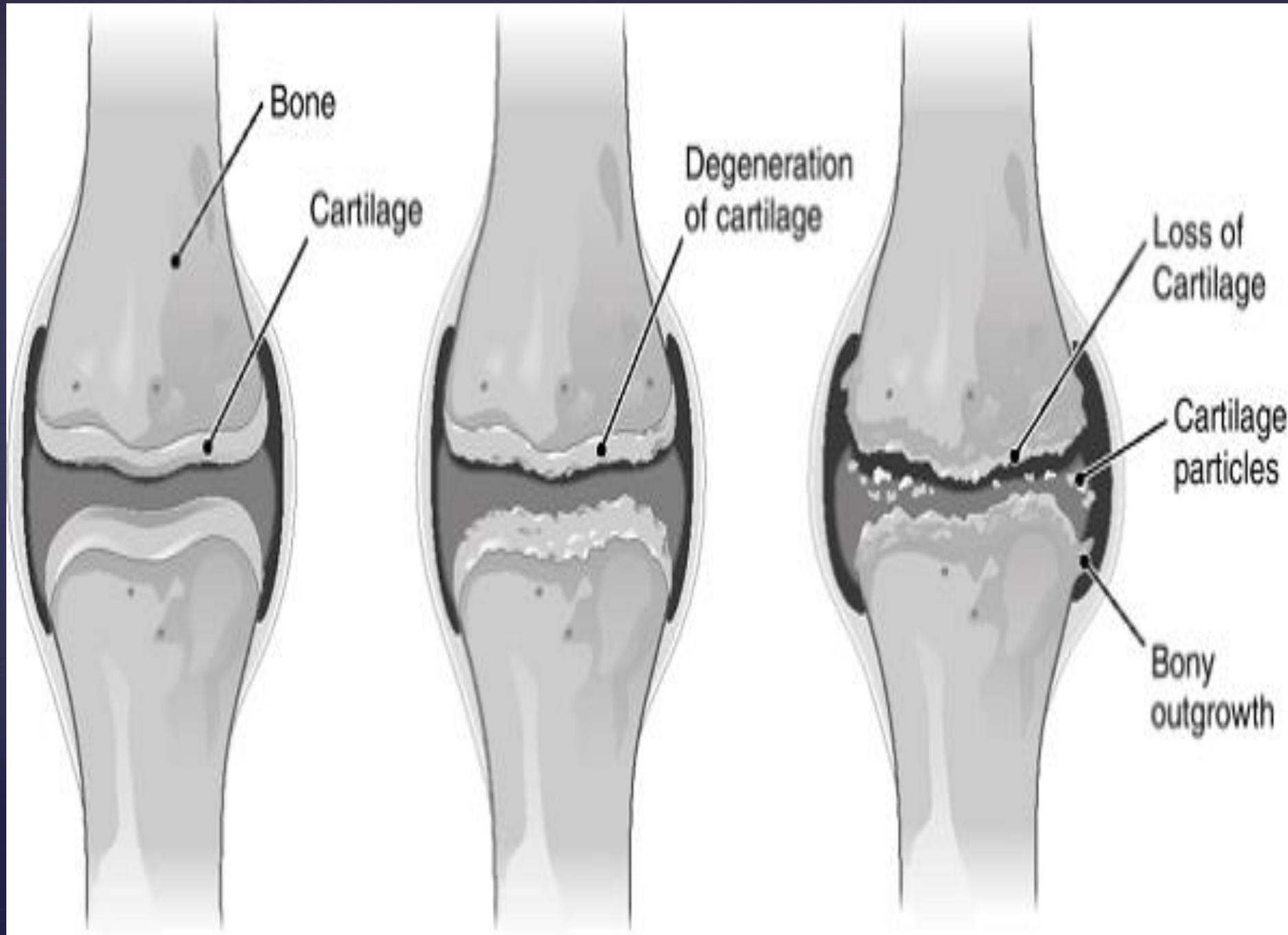
TYPES



Erosive osteoarthritis is presence of erosion and marked proliferation in the proximal and distal interphalangeal joints of the hands

Risk Factors for OA





Cartilage function

Cartilage has **2** major molecules

- ∞ **Type 2 collagen**, (Provides cartilage its tensile strength)
- ∞ **Aggrecan**, (A proteoglycan macromolecule gives cartilage its compressive stiffness)

∞ **Chondrocytes**, in avascular tissue, **synthesize** all elements of the matrix & in addition produce **enzymes that break down** the **matrix** and **cytokines** and **growth factors**.

∞ Cartilage matrix **synthesis and catabolism** are in a **dynamic equilibrium** influenced by the cytokine and growth factor environment and by mechanical stress

Cytokines

- ⌘ **Interleukin (IL) 1** (stimulating production of proteinases and suppressing cartilage matrix synthesis)
- ⌘ **Tumor necrosis factor (TNF)** (same function as IL1)
- ⌘ Cytokines also induce chondrocytes to synthesize
 - ⌘ Prostaglandin E₂,
 - ⌘ Nitric oxide (Inhibits aggrecan synthesis and enhances proteinase activity)
 - ⌘ Bone morphogenic protein 2 (BMP-2) (potent stimulator of anabolic activity)

- ⌘ **At early stages** in the matrix response to injury cytokine stimulation may be **matrix turnover** ultimately, excess IL-1 triggers a process of **matrix degradation**
- ⌘ Growth factors **insulin-like growth factor type 1** stimulate anabolism by chondrocytes.

- ⌘ **Cartilage** in **early OA** is highly metabolically **active**.
- ⌘ In the **latter** situation, stimulated chondrocytes **synthesize degrading enzymes** & release of degraded aggrecan and type 2 collagen into cartilage and into the synovial fluid.
- ⌘ **Type 2 cartilage** is degraded primarily by **MMP-13** (collagenase 3)
- ⌘ **Aggrecan degradation** is complex but appears to be a consequence, in part, of activation of **aggrecanase 1** (ADAMTS-4) and perhaps of MMPs.

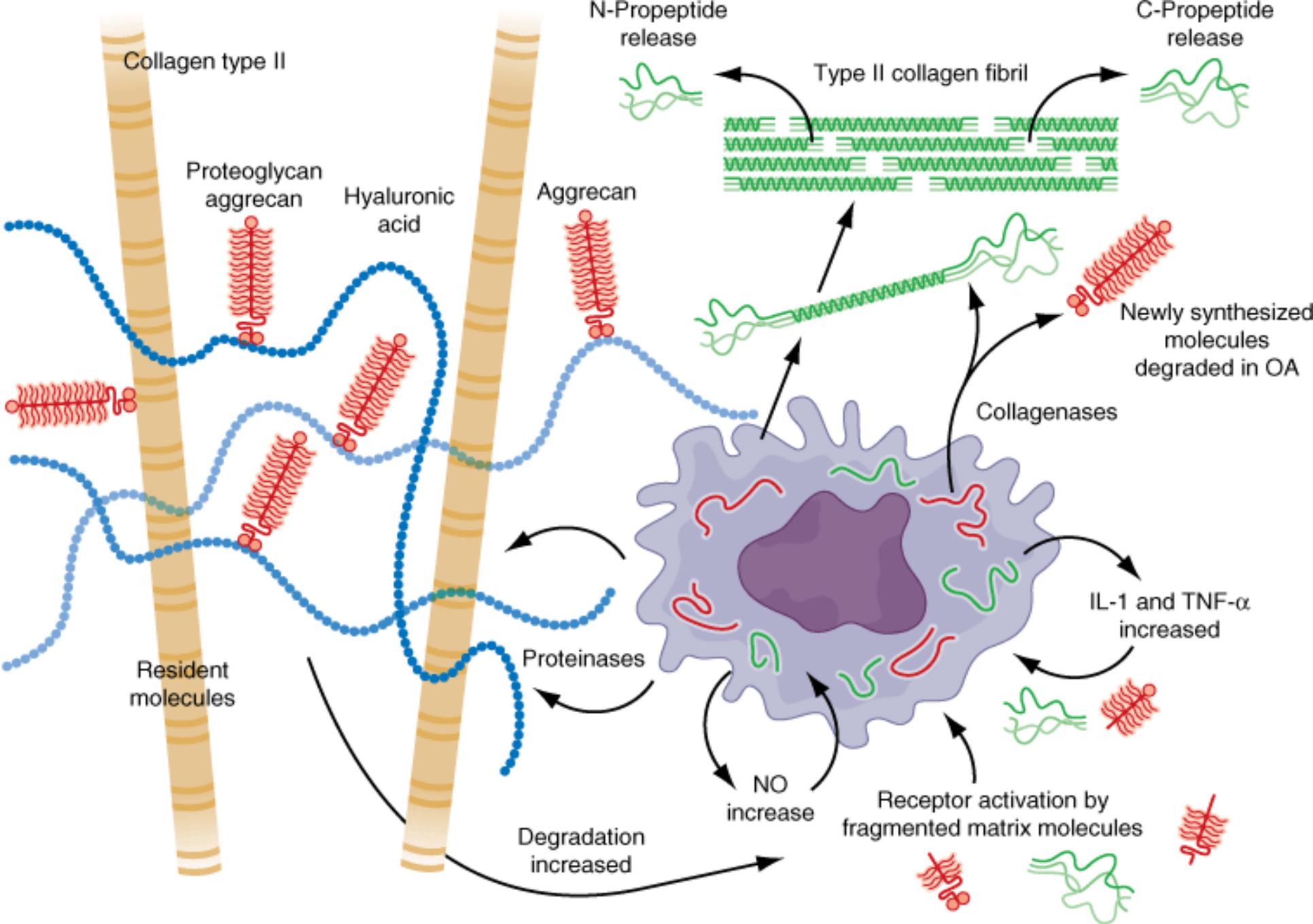
⌘ OA cartilage is characterized by

⌘ Depletion of aggrecan,

⌘ An unfurling of the tightly woven collagen matrix,

⌘ Loss of type 2 collagen.

⌘ With these changes comes **increasing vulnerability of cartilage**, which no longer has compressive stiffness.



PATHOGENESIS

Injury to cartilage

Catabolic activity↑ promote proteoglycan depletion in the matrix

Negative charges of proteoglycans get exposed, and cartilage swells from ionic attraction to water molecules

Cartilage does not bounce back after loading vulnerable to further injury

Chondrocytes at the basal level of cartilage undergo apoptosis

Cont.....

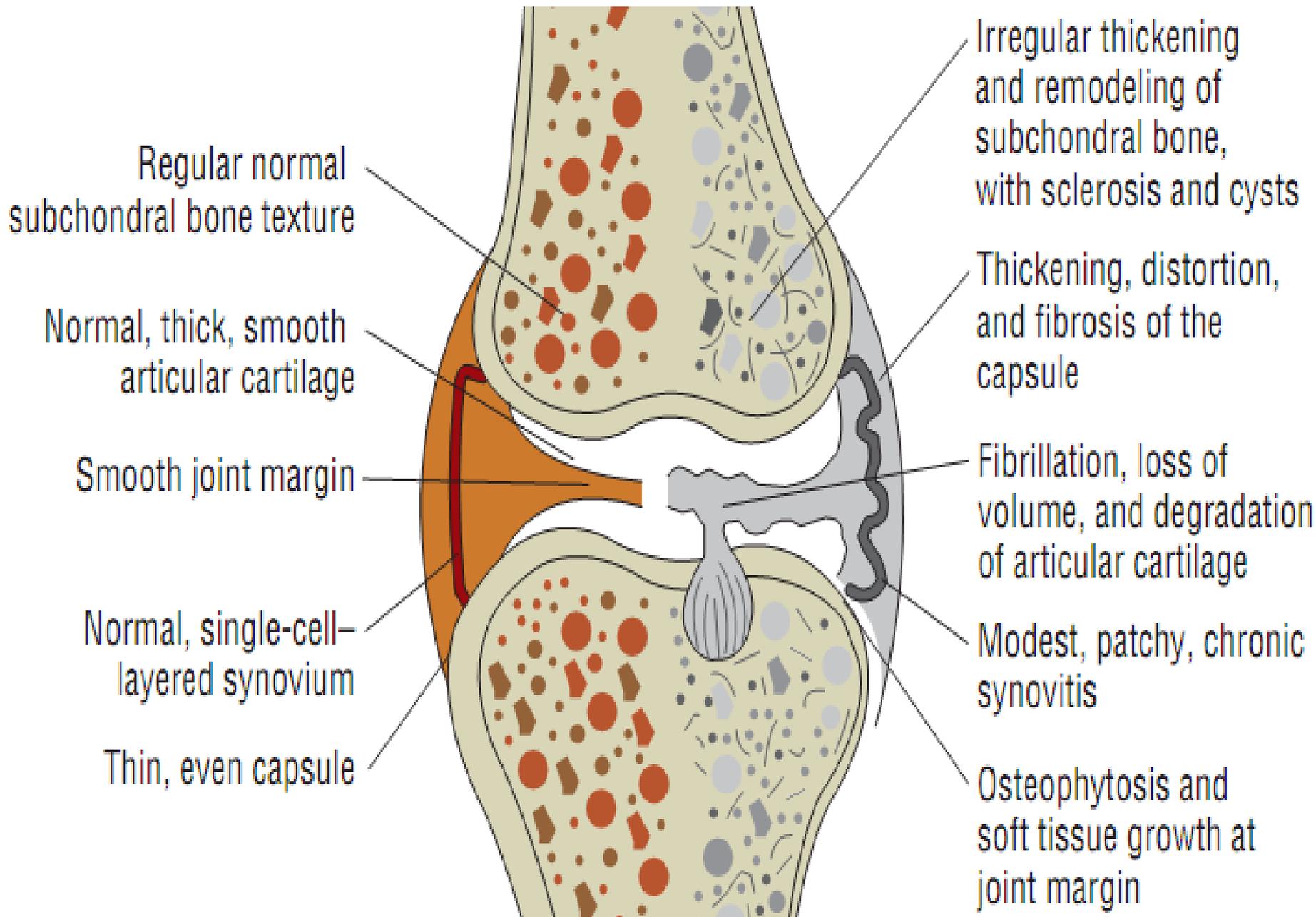
Growth factors and cytokines Stimulate osteoclasts and osteoblasts in the subchondral bony plate

Thickening and stiffness of the subchondral plate occurs & At the margin of the joint, near areas of cartilage loss, osteophytes form.

Synovium become edematous and inflamed, migration of macrophages from the periphery into the tissue, and cells lining the synovium proliferate.

Enzymes secreted by the synovium digest cartilage matrix . cartilage erosions produced by bony pressure from the opposite side of the joint.

Basic calcium phosphate and calcium pyrophosphate dihydrate crystals are present microscopically in most joints with end-stage OA.



Clinical presentation

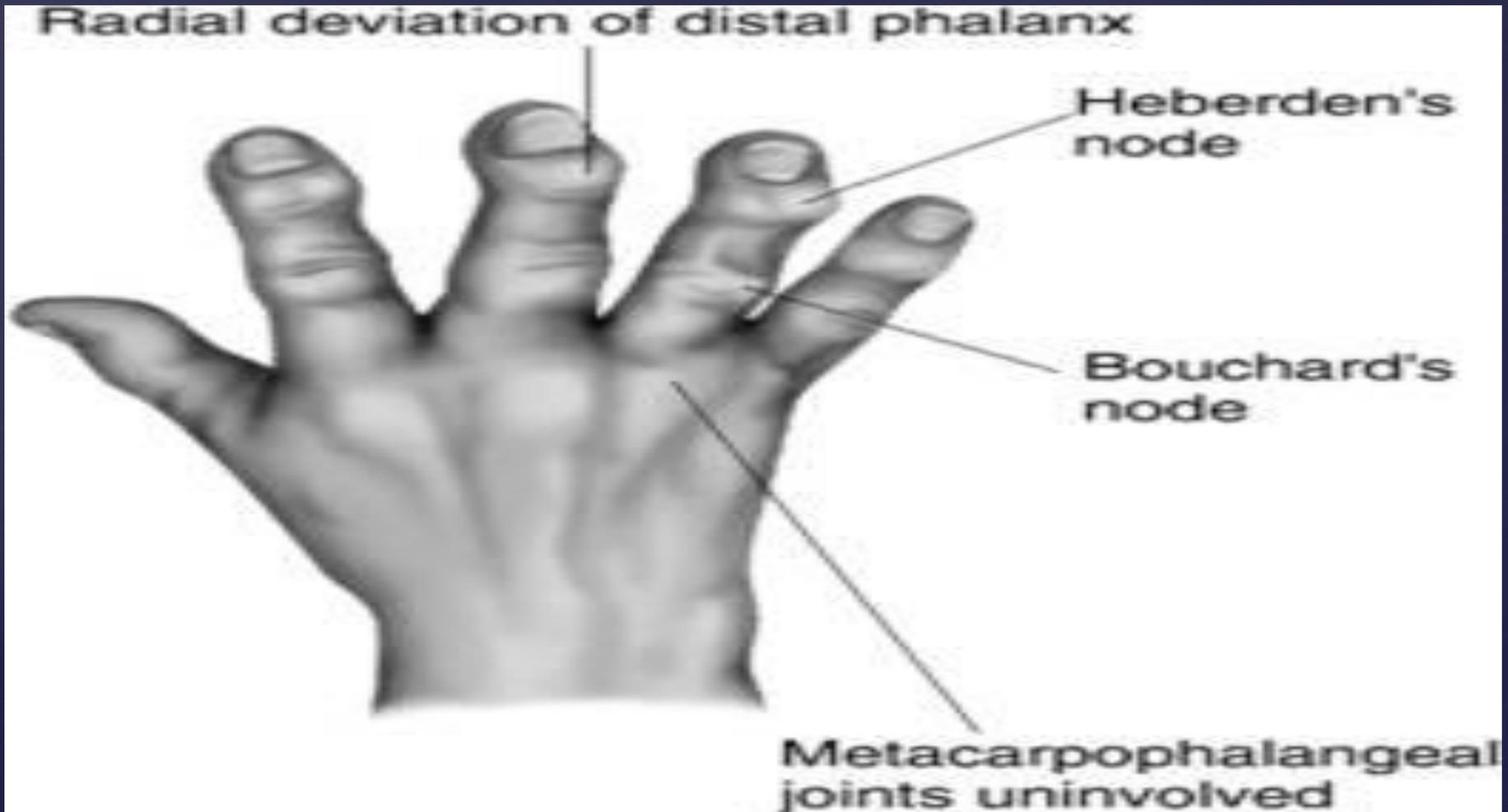
Symptoms

- ⌘ **Pain** in the affected joints, with the hands, knees, and hips being the most common locations. Associated with motion, but pain in late disease occur with rest.
- ⌘ **Joint stiffness** resolves with motion; recurs with rest.(Morning joint stiffness in OA **resolves within 30 minutes**)

Signs

- ⌘ Joint stiffness
- ⌘ Crepitus
- ⌘ Limited range of motion
- ⌘ Joint deformity (late disease)

& In OA, **Heberden's nodes** are bony enlargements of the **DIP joints** with loss of joint space and osteophyte formation. A similar bony enlargement of the PIP joint is called a **Bouchard's node**



Thank you