

## A Rare Case of Primary Synovial Chondromatosis of Unilateral Knee Joint in Female Patient: A Clinical Image

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### ABSTRACT:

A 37 year old non-diabetic, non-hypertensive female, housewife presented in OPD with left knee joint pain and swelling for the last 3 years. There was a restricted range of motion of the left knee joint. There was no any history of trauma or injury to the left knee joint. There was no history of fever or discharge from the joint. On examination, diffuse swelling involving the left knee, non-erythematous, soft, non-tender, with crepitus and palpable hard nodules of varying size was observed. Her knee flexion was limited to 50°. X-Ray of affected knee joint revealed Primary synovial chondromatosis as rare entity.

**KEYWORDS:** Knee Joint, Malignancy, Synovial chondromatosis, Synovial membrane, X-ray.

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### CASE DESCRIPTION:

Synovial chondromatosis (SC) is a rare begin condition that can rarely be converted into malignancy. This condition is related to the synovial membrane of joints, bursa, and tendon sheath. It can be primary or secondary. Primary synovial chondromatosis is of unknown etiology while secondary caused by [trauma](#), [osteoarthritis](#), infections, or [neuropathic osteoarthropathy](#). Removal of loose bodies provides symptomatic relief and there is a chance of recurrence. So synovectomy with

the removal of loose bodies is treatment of choice in SC.<sup>[1]</sup>

A 37 year old non diabetic, non hypertensive female, housewife presented with left knee joint pain and swelling for the last 3 years. There was a restricted range of motion of the left knee joint. There was no any history of trauma or injury to the left knee joint. There was no history of fever or discharge from the joint. On examination, diffuse swelling involving the left knee, non-erythematous, soft, non-tender, with crepitus and palpable hard nodules of varying size was observed. Herknee flexion

was limited to 50°. For diagnosis the X-ray of the affected left knee joint antero-posterior and lateral view was done that revealed multiple intra-articular loose radio-

opaque chondroid bodies of different sizes and shapes with preserved tibia-femoral space (Figure-1).



**Figure- 1: X-ray left knee anterioposterior and lateral view**

Visualized bones appreciated the degenerative changes in the form of endplate sclerosis, patella spiking, and osteophyte growth. This case diagnosed as Primary synovial chondromatosis on the basis of radiological findings as well as clinical findings.

Any further MRI and CT can confirm the diagnosis. SC is neoplastic or metaplastic, there is a small risk that is 6.4% of malignant transformation to chondrosarcoma.<sup>[2]</sup> Patient referred to orthopedic surgeon for surgical removal of loose bodies as soon as possible to prevent further articular and periarticular destruction and to relieve symptoms.

#### **Consent of patient:**

The consent of the patient has been taken for publication of images without disclosing the identity of the patient.

**Conflict of interest:** The author declares that there is no conflict of interest.

**Guarantor:** The corresponding author is the guarantor of this article and its contents.

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