

EDITORIAL

**EXPLORING SYNERGY BETWEEN VISCOSUPPLEMENTATION AND
REHABILITATION EXERCISE IN SYMPTOMATIC OSTEOARTHRITIS**

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INTRA-ARTICULAR INJECTION AS A TOOL FOR SUCCESSFUL REHABILITATION PROGRAM

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Rehabilitation is a goal-oriented treatment process intended to maximize independence of individuals with compromised function that results from primary pathological processes and resultant impairments. The main purpose of intra-articular treatments is to obtain painless joint motion and ambulation of the patient. With this respect, approaches of rehabilitation and intra-articular treatment share common goals. The main goal of rehabilitation applications is to increase the quality-of-life of the patients. Quality of life is the perception of a person's position in life related to his/her objectives, expectations, and standards in the context of his/her culture and system of values. It can be claimed that rehabilitation is certainly a team work. When planning the treatment, considering the main complaints of the patient, expectations from therapy, and the main goals of treatment may increase patient compliance and may result in a successful outcome. The physician should focus on the patient rather than the disease, and should conduct a team work together with other branch specialists. The amount of synergy provided by the combination of intra-articular therapy and rehabilitation can be demonstrated by well-designed studies.

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EFFECTS OF TOCILIZUMAB IN PATIENTS WITH POLYMYALGIA RHEUMATICA AND TYPE2 DIABETES: CASE SERIES OF 5 PATIENTS.

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Polymyalgia Rheumatica (PMR) is a rheumatic disease characterised by inflammatory pain in the scapular and pelvic tracks and with elevated markers of inflammation as erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP). The common treatment is steroid with consequent complications as: hypertension, osteoporosis, obesity and diabetes. Moreover, in diabetic patients treated with oral hypoglycemic agents the steroid therapy induces a rise of glycaemic values and, sometimes, a switch to insulin therapy. Tocilizumab (TCZ) is a monoclonal antibody that blocks the action of IL-6, currently used for Rheumatoid Arthritis. We proposed therapy with Tocilizumab and a low dose of steroid therapy in five patients with diabetes and onset PMR. At the end of the observation all patients have demonstrated a complete resolution of the clinical and serological picture and no change of the HbA1c value; none of the patients needed insulin therapy.

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DISCLOSURE: ALL AUTHORS REPORT NO CONFLICTS OF INTEREST RELEVANT TO THIS ARTICLE.

POWER DOPPLER ULTRASONOGRAPHY OF ACHILLES TENDON ENTHESES IN ATHLETES. CAN INTENSE PHYSICAL ACTIVITY INCREASE POWER DOPPLER SIGNAL AND SIMULATE ENTHESITIS AT ULTRASOUND EXAMINATION OF HEALTHY SUBJECTS?

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A positive power Doppler (PD) signal on ultrasonographic examination (US) of entheses sites is generally considered a specific sign of inflammation. Some authors retain that intense physical activity may provoke increased blood flow at tendons, resulting in a positive PD signal. The objective of our study was to assess the effect of intense physical activity on ultrasonographic power Doppler analysis of Achilles tendon entheses in healthy subjects. We enrolled 8 professional basketball players in the study. All subjects underwent ultrasonographic power Doppler (USPD) examination of both Achilles tendons before and after a three hour training session. A patient with known Achilles tendon enthesopathy was used to optimize power Doppler settings. USPD analysis was negative before and after the training session in all subjects. Intense physical activity and mechanical stress of Achilles tendon entheses do not increase intratendinous power Doppler signal. A power Doppler signal at entheses sites should be considered specific for inflammation.

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KNEE LAVAGE VERSUS INTRA-ARTICULAR HYALURONAN IN ADVANCED KNEE OSTEOARTHRITIS.

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Many patients with advanced knee osteoarthritis (OA) who are indicted for total knee joint replacement (TKR) are unfit for operation or refuse it for different reasons. Palliative treatment for this group of patients may be important for decreasing pain and improving function. The aim of the study was to compare efficacy and safety of knee joint lavage[KJL] (two 14 gauges needles and 2 liters of 0.9% saline) and intra-articular hyaluronic acid injections (HAIs) (3 x 2ml, 1 week apart).We performed a single-centre, single blind, randomized, parallel group trial comparing KJL and HAIs. Patients with advanced knee OA (Kellgren/Lawrence score 4) who are indicted for TKR and unfit or refuse to have TKR, were randomized to either knee lavage using the 2 needle technique or a weekly intra-articular injection of hyaluronic acid for 3 weeks. Patients were followed up for 12 months. The primary outcome measures were the Western Ontario and McMaster Universities OA Index total pain score WOMAC (a Likert scale) and patient global assessment (PGA) questionnaires. Seventy patients were recruited of whom 36 received KJL and 34 received HAIs. At the end of the 1st month, there was a reduction in the WOMAC pain score of 80% and 40% in KJL and HAIs groups respectively. At this time point just 88% (32 patients) and 50% (17 patients) of subjects in KJL and HAIs groups respectively felt that their knee pain had improved compared to baseline. At the end of the 6th month post injection, there was a reduction in the WOMAC pain score of 50% and 10% in KJL and HAIs groups respectively. At this time point just 88% (32 patients) and 50% (17 patients) of subjects in KJL and HAIs groups respectively felt that their knee pain had improved compared to baseline. At the end of the 9th month post injection, there was a reduction in the WOMAC pain score of 25% and 5% in KJL and HAIs groups respectively. At this time point just 27.7% (10 patients) and 5.9% (2 patients) of patients in KJL and HAIs groups respectively felt that their knee pain had improved compared to baseline. By the end of the 12th month, none of patients in both groups felt that his knee pain had improved compared to baseline and there was no reduction in WOMAC pain score. At the ends of 1st, 6th and 9th months, the improvement in WOMAC pain score and the number of subjects reporting an improvement in symptoms was significantly greater in the KJL group compared to the HAIs group. In patients with advanced OA, KJL improved pain better than HAIs and for a longer duration.

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EFFICACY AND SAFETY EVALUATION OF COLLAGEN INJECTION GUNA MDS IN KNEE OSTEOARTHRITIS: A CASE SERIES OF 30 PATIENTS

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Collagen is the most abundant protein (structural protein-tissue; molecular weight 300 KDa) in mammals' organism accounting for about 5-6% of an adult's body weight. In this case series we have evaluate the efficacy and safety of intra-articular injections of GUNA MD-KNEE + GUNA MD-MUSCLE in 30 patients (12 Male, 18 Women) affected by Radiological Knee Osteoarthritis (KL grade 2 or 3). 10 intra-articular injection with GUNA MD-KNEE + GUNA MD-MUSCLE were performed. Patients were evaluated at baseline and then at 8 and 12 weeks after treatment in term of VAS pain at rest and during movement, Lequesne index and patient and physician satisfaction. Intra-articular injection of GUNA-MDs show a significant improvement in pain at rest, pain during movement and functional activity in patients with knee oasteoarthritis. GUNA-MDs show to be safe, no side effects were reported in all patients.

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