

PREPATELLAR MASS COMPLICATING COMPLEX PRIMARY TOTAL KNEE ARTHROPLASTY: TRUTH REVEALED

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INTRODUCTION:

Complex primary total knee arthroplasty is not uncommon in Malaysia as patients tend to present at the stage of advanced deformities.

METHODS:

Case report of a 59 years old lady with bilateral severe knee osteoarthritis complicated by prepatellar mass has been described. She presents with 10 years duration of progressively worsening of bilateral knee varus deformity associated with pain unresolved with physiotherapy and analgesia. To further complicate her clinical problem, there are bilateral firm prepatellar masses with no apparent trauma and she denies history of intra-articular knee injection. Preoperative MRI of left knee is unremarkable. She has undergone left complex primary total knee replacement with excision of prepatellar mass in June 2018.

RESULTS:

Intraoperatively, a homogenous mass with extensive fibrosis, however sparing the knee joint is excised. Histopathological evaluation report shows foreign body type inflammatory reaction. Upon further probing, she finally admits to self-injecting baby oil to both her knees with the fallacy of lubricating her joints with the product.



Figure 1: Preoperative bilateral knee osteoarthritis with varus deformity.

Figure 2: Intraoperative image of prepatellar mass.

DISCUSSIONS:

Self-injection of baby oil has resulted in extensive fibrosis and foreign body granuloma in the subcutaneous layer in the prepatellar region. With the scanty soft tissue around the knee, this poses a challenge to the operating surgeon on soft tissue handling and skin coverage on top of the technically demanding complex primary knee procedure.



Figure 3: Preoperative radiographs.



Figure 4: Postoperative radiographs.

CONCLUSION:

This case serves a reminder to everyone to be wary of foreign body injection into the knee when dealing with suspicious prepatellar mass in an osteoarthritic knee in the future.

REFERENCES:

1. Agarwal S, John R. Complex primary total knee arthroplasty. *Indian J Orthop.* 2018;52:91.