Osgood schlatter disease

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traction apophysitis of the patellar tendon (osgood schlatter disease)is adevelopment condition of adolescence marked by pain swelling and tenderness involving the growing tibialit is more specifically characterized by inflmmation of the patellar tendon at is insertion site (apophysitis)on theproximal tibial tuberosity (gholve et al.,2007osgood schlatter disease is perdominantly a disorder of early adolescent boys (age 11 to 15 years)and girel(age 8 to 15)prevalence is estimated at 21%of adolescent athletes and 3:1,but the ratio may be equalizingbecause of increased participation of girls in sporting activities it is more common among adoleecentsenganing in athletics requiring repetitive quadriceps contraction (sarevic ,2008).traumatic stress is placed on the proximal tibial tuberosity from repetitive contraction of the patellartendon by the quadriceps bone formation at the tibial tuberosity this condition occurs during thedevelopmental period of rapid skeletal growth (weiss et al.,2007anterior knee pain is aggravated by quadriceps stress(e.g., ascending and descending stairs jumping running)ordirect pressure on the tibial tuberasitypain improves with rest bilateral symptoms are present in 30%of patioents thereis enlargement of the tibial tuberosity. the patellar tendon is thickened thereis abence of synovial inflammation or joint effusion. pain increases with quadriceps flexion(blankstein et al., 2001)plain radiographys show irregularity of the apophysis with separation from the tibial tuberosityduring the early stages of OSD includes limitation of activities that stress the patellar tendonapply ice for short term relief of pain after acitivity practice regular stellar of the quadricepsmechanism and hamstrings use knee pads to minimize direct trauma infrapatellar straps or kneebraces may partially alleviate symptoms for server cases not responding to conservative managementmore prolonged tendon rest can be achieved with above knee casting for 3 to 6 weeks (ross andvillard, 2003.Surgical teatment has been described for patients who failed nonoperative management of OSD thereare different surgical procedures such as drilling of the tibial tubercel excision of the ununitedossicle and free cartilaginous pieces (tibial sequestrecomy), insertion of bone pegs and /or acombination of any theses procedures (orava et al.,2000)arthroscopic technique for debridement can be done the advantage of this technique include theavoidance of the avoidance of the patellar tendon longitudinal -split requiredfor open proceduresand the ability to address concomitant intra articular pathologyComplication secondray to osgood -schlatter disease are rare ogden and roberts (1900) reported oncomplications of OSD with or without treatment theses included nonunion of the bony fragment to thetibial tuberosity ,subluxation of the patella patella alta, patella infra, and premature fusion ofthe

anterior part of the epiphysis with resulting genu recurvatum.