Commentary Article

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Destructive Osteoarthritis

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Description

Rapidly destructive osteoarthritis was first described in the European literature in 1957. Subsequently, it has been given many different names like rapid destructive coxarthrosis, rapidly destructive arthrosis of the hip, Postel's osteoarthrosis, and destructive osteoarthritis. It is a rare syndrome of the unknown etiology and appears to be different from osteonecrosis as it tends to involve both the acetabulum and the femoral head. The rapid bone loss in the patients with RDO can be mimic septic arthritis, neuropathic osteoarthropathy or inflammatory arthritis. However the histologic changes seen in hips of patients with the RDO are consistent with the osteoarthritis. Clinically, the intra-articular fluid and also the debris related with the femoral and acetabular bone loss can match or resemble the septic arthritis or septic inflammatory disease. Once this purulent fluid is encountered at the time of hip arthroplasty, a clinical dilemma arises AAAe cause the active infection would be a contraindication for the primary total hip arthroplasty. Without any additional information, the appearance of such fluid may lead the surgeon or doctor to perform such an unnecessary 2-stage procedure.

Discussion

Rapidly destructive osteoarthritis is mostly uncommon found but can more frequently seen in the practice because of the elderly aging population. RPOA is generally a destructive arthropathy that most probably occurs commonly in the elderly aged women and can also be seen in the patients who are suffering with the sustained trauma. The dramatic radiologic manifestations of the rapidly destructive osteoarthritis may most probably lead to the diagnostic confusion with the other different arthropathies, osteonecrosis and infections. RPOA was originally described in the hip and is said that may also involve the shoulder. The etiology of this rapidly destructive osteoarthritis is probably not well explained and understood, but subchondral fracture plays an important role in the development of this dramatic destruction of the joint that is mainly seen in this affected patients. Early recognition and treatment with the disease-modifying antirheumatic drugs is important in achieving control of disease and prevention of this joint injury and disability. However, in patients with an early disease, the joint manifestations are often difficult to distinguish from the other forms of inflammatory polyarthritis. The more distinctive signs of Rapid destructive osteoarthritis are joint erosions, rheumatoid nodules, and other extraarticular manifestations, are also seen primarily in the patients with longstanding, poorly controlled disease but may frequently absent in the initial stage.

Conclusion

RPOA is an uncommon condition that occurs most frequently in elderly woman or in patients who have sustained trauma. Prompt recognition of the clinical and radiologic features of this arthropathy can reduce unnecessary diagnostic workup and complexity of surgical intervention.

The authors postulate that these cases represent an uncommon subset of osteoarthritis and regular review, both clinically and radiologically, are required to assess speed of progression and prevent rapid loss of bone stock without the surgeon being aware. These cases are unsuitable for being placed on long waiting list due to technical difficulties in delayed surgery and compromised outcome following surgery.