

BONES AND JOINTS

- It is made up of two components:
 - Organic matrix (osteoid)
 - Calcium hydroxyapetite
- Cells of bones:
 - i. Osteoprogenitor cells: plueripotent stem cells that gives rise to other cells.
 - ii. Osteocytes:
 - Maintains calcium and phosphate levels.
 - Homeostasis in bones.
 - iii. <u>Osteoblasts</u>: initiate process of mineralisation, synthesise, transport and arrange many matrix process.
 - iv. Osteoclasts: cells responsible for bone resorption.

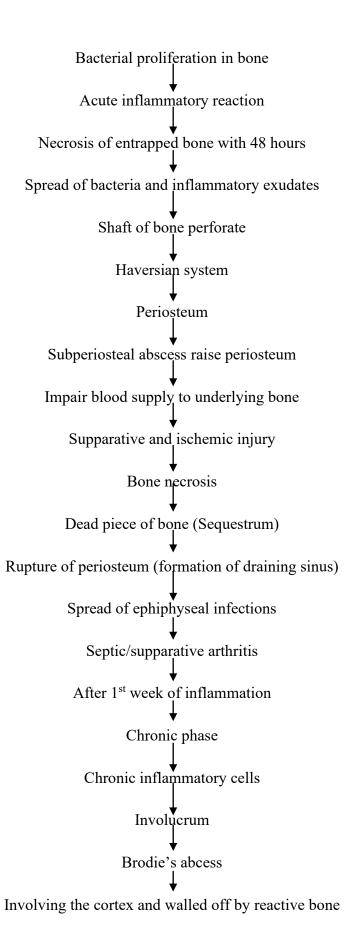
• Infections:

i.Osteomyelitis:

- Inflammation of bone/secondary to infection.
- Secondary to systemic diseases or solitary to focus diseases.
- Mainly caused by pyogenic bacteria and mycobacteria.
- i. Pyogenic osteomyelitis:
 - Caused by bacteria.
 - Haematogenous spread.
 - Initial bacteremia.
 - In adults, open fractures, surgical procedures, diabetic infection of feet.
 - Causative agent:
 - ✓ Mainly staphylococcus aureus.
 - ✓ Location: within the bone is based on osseous vascular circulation.
 - Clinical cause:
 - ✓ If the spread is haematogenous, symptoms are systemic.
 - ✓ Intense throbbing pain in the affected area.
 - ✓ Cystic focus of bone destruction with zone of bone sclerosis (radiographic).
 - ✓ Chronic osteomyelitis complications:
 - 1. Pathologic fractures 2. Amyloidosis 3. Sepsis
 - 4. Endocarditis 5. Sqamous cell carcinoma



Morphology :





ii. Tuberculous osteomyeilitis

- Osseous involvement 1-3% individual with TB or extrapulmonary TB
- Blood borne organism causes it.
- Other routes draining lymphatics
- <u>Site of involvement:</u>
 - 1. Spine(T&L) 40% of cases
 - 2. Knee
 - 3. Hip
- Involvement of spine Pott's disease
- Breakthrough of the infection along intervertebral disc
- Extension of soft tissues to form abscess **Cold Abscess**

Clinical cause:

- 1. Pain on motion
- 2. localised tenderness
- 3. low grade fever
- 4. chills
- 5. Weight loss
- 6. Permanent compression fracture due to severe destruction of vertebrae
- 7. Kyphotic or scoliotic deformation.

