

PATIENT INFORMATION LEAFLET

Pes anserine bursitis



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A bursa is a small sac of fluid that acts to reduce friction and cushions pressure points between your skin, tendons, muscles or bones near a joint. An adult body contains over 140 bursas. Bursitis is the term used to describe inflammation within a bursa. Within and around your knee, there are several bursas – pre-patellar bursa, infra-patellar bursa, supra-patellar bursa and pes anserine bursa. The pes anserine bursa is located on the inner side of your knee joint between your shin bone (tibia) and three tendons of your hamstring muscles. It is also known as the subsartorial bursa. When you have pes anserine bursitis, it is likely to be indicative of a problem affecting these tendons as well.

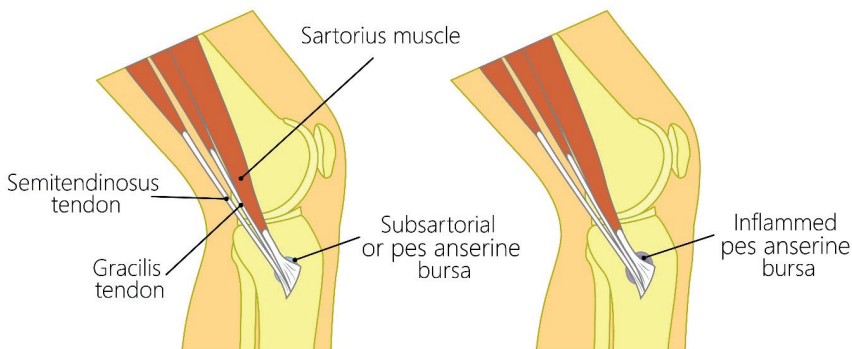


Figure 1

Side view of a knee (left) demonstrating the where the inner hamstring tendons (sartorius, gracilis and semitendinosus) attach onto the inner side of the shin bone. The pes anserine bursa is located between the tendons and bone, and can become inflamed (right).

Causes

Athletes are more prone to developing this conditions e.g. runners and swimmers. However, pes anserine bursitis can occur in those with osteoarthritis of the knee as well.

▣ Recurrent pressure

If you carry out repetitive side-to-side movements such as in breast-stroke swimming, tennis, football, you are at greater risk of developing pes anserine bursitis.

▣ One-off injury

A direct blow to the inner side of your knee can lead to bleeding into the bursa and subsequent bursitis.

- **Tight hamstrings**
- **Weight**

Being over-weight can contribute to the development of this condition.

Symptoms

You may experience the following:

- Pain over the inner aspect of your shin bone, approximately 5cm below your knee joint. This pain may be worse with climbing stairs or exercise.
- Swelling over the same area which may feel 'puffy' and is often tender to touch.
- If your problem has been going on for some time, the bursa may become chronically inflamed such that it can feel very thick and/or 'lumpy' to touch.
- If the cause is a bacterial infection, you may have a fever, feel unwell and notice redness that spreads beyond the limits of your kneecap.

Diagnosis

The diagnosis of this condition is mainly a clinical one but you may be sent for investigations such as x-rays (to rule out a break in your bone if this was following a direct blow) and/or scans of your knee to exclude other possible reasons for your pain.

Treatment

- **Activity modification**

Stop aggravating activity and consider alternative forms of exercises that are lower impact for your knee e.g. different swimming style, cycling. Consider increasing intensity of activity on a more graduated basis and carrying out thorough warm-up stretches prior to activity.

- **Ice Packs**

Apply several times daily for a period of 15 minutes each time to help the swelling.

- **Anti-inflammatory medication**

If oral preparations do not help, consider topical formulations to rub over the swelling. Anti-inflammatories may have adverse side-effects if you have certain medical conditions or take certain medications so please consult with your GP prior to commencing.

- **Weight loss**

If appropriate) to minimise stress on the tendons.

- **Physiotherapy**

Focusing on stretches and strengthening. For detailed description, please visit the [American Association of Hip and Knee Surgeons \(AAHKS\) Home Exercise Programme](#).

- **Cortico-steroid injections**

This involves an injection of a powerful anti-inflammatory medication into the bursa and around the tendons to try and reduce the inflammation.

Outcome

As this represents a tendon problem as well, it can take between 3 to 6 months for your symptoms to recover and it is important to be patient in your return to full activities. The treatment of this condition is almost exclusively non-operative.



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