

Case Report

Fabela as a Cause of Knee Pain: Case Report and Review of Literature

Sabic A¹, Sabic DZ², Cuvaj S³, Becirovic A⁴

¹Health Center Zivinice, Department of Family Medicine, Zivinice, Bosnia and Herzegovina

²Health Centre Zivinice, Department of Neuropsychiatry, Zivinice, Bosnia and Herzegovina

³Health Centre Zivinice, Department of Radiology, Zivinice, Bosnia and Herzegovina

⁴Institute for Health Insurance of Tuzla Canton, Tuzla, Bosnia and Herzegovina

***Corresponding Author:** Sabic A, Health Center Zivinice, Department of Family Medicine, Zivinice, Bosnia and Herzegovina

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Abstract

Aim: The aim of this paper is to show the existence of sesamoid fabella bone as a cause of knee pain.

Methods: The female aged 54 with pain in her right knee that has lasted for 6 months. She has none a history of trauma and previous injuries. In the physical finding the right knee is slightly enlarged from the left, the surrounding skin neat looking.

The patient is obese by gynoid type, BMI 31 kg / m². An X-ray of both knees described minor marginal osteophytes on individual joint surfaces in terms of

gonarthrotic changes and a fabella visible in the right popliteal fossa. She has dyslipidemia and glucose intolerance in laboratory findings. The patient was referred for a consultative orthopedic examination that promotes physical treatment, NSAID therapy and weight management.

Results: Physical treatment was carried out, she felt a slight improvement, but the pain was still present.

Conclusion: Given the pain of movement and previous patient reports indicate that surgical treatment is the fastest method to eliminate pain.

Keywords: Fabella; Knee pain; Treatment

1. Introduction

Sesamoid bone, fabella (lat. faba-bean) is located in the knee joint behind the lateral condyle of the femur, embedded in the tendon of the lateral grip of the abdominal muscle of the leg (lat. musculus gastrocnemius) and which is responsible for walking and upright posture. The prevalence in humans ranges from 3 to 87%. Fabella has an occasional cartilaginous form and is then hidden for X-ray or CT scans [1]. Often atypical knee pain caused by fabella is misdiagnosed as osteophyte or intraarticular other body [2]. When neglecting the fabella as a cause of pain by many professionals, an error occurs in the very outcome of treatment [3]. When posterolateral knee pain occurs, it is periodic and pronounced when the joint is in extension and leads to irritation of the peroneal nerve, which can result in the appearance of neurological symptoms such as stiffness or tingling. Conservative treatment can improve joint mobility including flexion, extension and rotation [4].

Previous research has indicated that the presence of fabella leads to a higher risk of osteoarthritis and can also lead to compression of the popliteal artery [5]. A tumor that should not be missed or misdiagnosed for fabella syndrome should always be considered when

making a differential diagnosis [6]. In this paper, we present a woman who has pain when walking and occasionally at rest in the right knee.

2. Case Report

The female aged 54 with pain in her right knee that has lasted for 6 months. She has none a history of trauma and previous injuries. In the physical finding the right knee is slightly enlarged from the left, the surrounding skin neat looking. The patient is obese by gynoid type, BMI 31 kg / m². An X-ray of both knees described minor marginal osteophytes on individual joint surfaces in terms of gonarthrotic changes and a fabella visible in the right popliteal fossa. She has dyslipidemia and glucose intolerance in laboratory findings.

The female aged 54 with pain in her right knee that has lasted for 6 months. She has none a history of trauma and previous injuries. In the physical finding the right knee is slightly enlarged from the left, the surrounding skin neat looking. The patient is obese by gynoid type, BMI 31 kg / m². An X-ray of both knees described minor marginal osteophytes on individual joint surfaces in terms of gonarthrotic changes and a fabella visible in the right popliteal fossa. She has dyslipidemia and glucose intolerance in laboratory findings



Picture 1: The right knee X-ray showed mild osteoarthritis with a significant fabella bone at the posterolateral side of knee.



Picture 2: The right knee X-ray showed mild osteoarthritis with a significant fabella bone at the posterolateral side of knee.

The patient was referred for a consultative orthopedic examination that promotes physical treatment, NSAID therapy and weight management. Physical treatment was carried out, she felt a slight improvement, but the pain was still present. The second finding of the orthopedist recommends the regulation of body weight and the continuation of physical treatment and possibly the application of the drug to the joint.

3. Discussion

From this presentation of the patient we see that the right method has not been selected for the treatment of knee pain caused by the existence of sesamoid bone. Earlier research has documented conservative treatment and physiotherapy with not very encouraging results. Local application of corticosteroids also did not improve the long-term treatment. Subsequently, the patients underwent surgical excision of the fabella [7]. Patients undergoing surgery were mostly satisfied with the increased range of motion of the knee, lack of pain, and adequate limb position [8]. Collision syndrome caused by the existence of a fabella and inconsistency of the joint surface accompanied by pain have also been described, and after excision of the fabella the symptoms have been receded [9]. Patients undergoing arthroscopic phabelectomy are relieved of pain and gradually regain full muscle strength after rehabilitation [10]. It has been described that the intervention of manual therapy also leads to the withdrawal of symptoms and that this renal fabella reposition can be performed periodically in some patients [11]. Fabella is very often associated with conditions such as osteoarthritis and old age. The papers indicate that during total knee arthroplasty, the

fabula should also be removed because it affects the stability of the posterolateral structure [12].

4. Conclusions

Do we properly diagnose and treat the appearance of sesamoid fabellae bone? Given the pain of movement and previous patient reports indicate that surgical treatment is the fastest method to eliminate pain and restore stability during movement to the patient. We should always pay attention to what quality of life we give to the patient with our decisions.

Transparency Declaration

Conflict of Interests

None to declare.

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