

“EFFECT OF INJ. KENACORT IN THE MANAGEMENT OF FROZEN SHOULDER”

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INTRODUCTION

Frozen shoulder may be defined as painful and limited range of motions of shoulder joint. Also known as **Peri-arthritis** or **Adhesive capsulitis**.

Idiopathic frozen shoulder is characterised by spontaneous, often severe pain of sudden onset, and may follow minor trauma. Sleep is often disturbed and the differential diagnoses include infection, fractures and rotator cuff tears. It is painful and stiff shoulder condition of varying aetiologies, some of which remain poorly defined and termed 'idiopathic'. The rotator interval between supraspinatus and subscapularies is affected, as is the shoulder capsule. In the early stages, the shoulder is difficult to examine owing to pain but, as the disease progresses, the range of motion reduces, both actively and passively. Local tenderness is often felt anteriorly over the rotator interval. The disease most commonly affects females in their fifth decade, and is more common in diabetics and patient with heart and thyroid disease.

The pathognomonic sign of frozen shoulder is loss of external rotation, and this differentiates it from rotator cuff disease. Plain radiographs exclude other intra-articular pathology.

Etiology

- ❖ The actual cause of frozen shoulder is unknown.
- ❖ Following have been blamed,
- ❖ Trauma.
- ❖ Surgery (including but not limited to shoulder surgery).
- ❖ Inflammatory diseases (Bursitis, Tendinitis of the rotator cuff, Bicipital tenosynovitis).
- ❖ Diabetes.

Pathophysiology

The main pathology of frozen shoulder used to be considered as fibrosis and inflammation. Chondrogenesis is also characteristic to idiopathic frozen shoulders. The cell density was significantly higher and the capsular tissue was significantly stiffer in frozen shoulder. Staining intensity of alcian blue was also significantly stronger in frozen shoulder. Gene expression related to fibrosis and inflammation are also higher

Clinical course

The clinical course of frozen shoulder can be divided into three stages as follows:

Stage 1- Painful phase.

This can last for 2-9months. The shoulder becomes increasingly painful, especially at night, and the patient uses the arm less and less. The pain is often very severe, and may be unrelieved by simple analgesics.

Stage 2- Stiffening phase.

This can last for 4-12months and is associated with a gradual reduction in the range of movement of the shoulder. The pain usually resolves during this period, although there is commonly still an ache, especially at the extremes of the reduced range of movement.

Stage 3- Thawing phase.

This lasts for a further 4-12months and is associated with a gradual improvement in the range of motion.

The clinical course runs over a period of 1-3 years, and the condition usually resolves without any long –term sequelae.

AIM

Effect of inj. kenacort in the management of frozen shoulder.

MATERIAL AND METHODS

Total no. of patient – 15.

STUDY DESIGN

- A) Open clinical trial proforma.
- B) Special proforma of case paper will be designed.
- C) Patient will be selected and diagnosed as per symptoms and radiological findings.

Inclusion criteria

1. Patient having frozen shoulder will be randomly selected.
2. Selection shall be irrespective of sex, religion, socio- economical class.
3. Age group between 20-60yrs.

Exclusion criteria

1. Diabetes, I.H.D., Hypertension.
2. Pregnancy.
3. H.I.V., Hbs AG positive patients.
4. Fracture,
5. Immunosuppressive diseases.

INVESTIGATIONS

- | | |
|--------------------------------|-----------|
| 1. B.S.L.:- 1. F | 3. H.I.V. |
| 2. P.P. | |
| 2. X-RAY SHOULDER: 1. AP View. | 4. HBsAG |
| 2. AXIAL View. | |

DRUG USED: Triamcinolone acetoneide 40mg (inj. kenacort).

Pre-procedure

Cleaning and draping with betadine solution.

Procedure

Injection of Triamcinoloneacetoneide (1cc) +diluted with 2%xylocaine (2cc) will be given intra-articularly.

Dose will be 40mg once as a single seating and diluted in 2% lignocaine.

Post – procedure

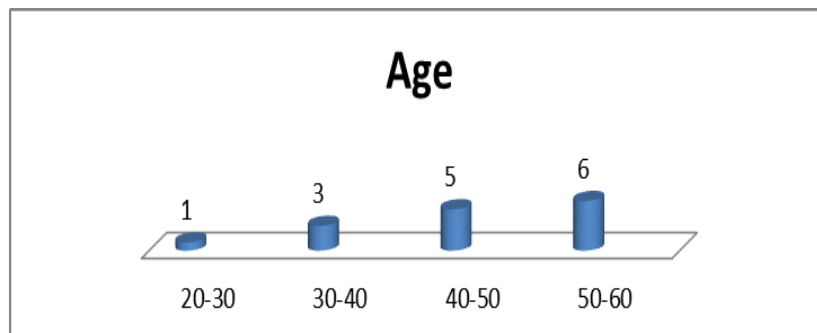
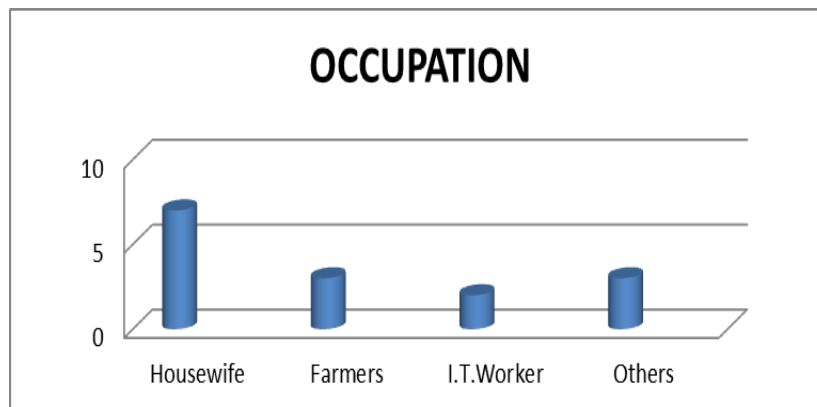
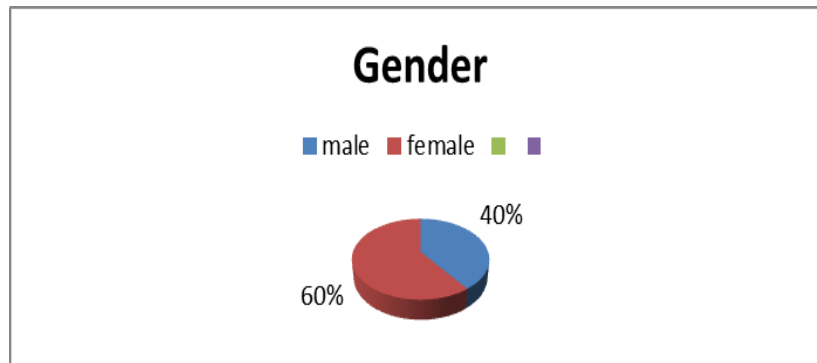
Pressuer will be applied at site of injection.

Physiotherapy

Exercise given to the both group of patient for 10 days.

Follow –up

On 3rd,5th,7th,15th day.

Observations**RESULT**

- Womens were more affected than men.
- Housewives were more affected than others as per my study.
- Patient's having age in between 40-60yrs were more affected.
- Instant pain relief was noted after this treatment. With improvement in range of motion.
- Range of shoulder movement was better improved only after course of physiotherapy

DISCUSSION

Management of frozen shoulder with triamcinolone acetonide was very effective. Because it gives quick relief in pain with improved range of shoulder movement but also have many risk of the procedure if not done properly like Brachial artery injury, infection etc.

PROBABLE MODE OF ACTION^[5]

It works by reducing the production of substances in the body that causes inflammation and allergies.

Inflammatory responses

Irrespective of the type of injury, the attending inflammatory response is suppressed by glucocorticoids. This is the basis of most of their clinical uses. The action is non-specific and covers all components and stages of inflammation. This includes reduction of - increased capillary permeability, local exudation, cellular infiltration, phagocytic activity and late responses like capillary proliferation, collagen deposition, fibroblastic activity and ultimately scar formation. The action is direct and local- topical use is possible. The cardinal signs of inflammation- redness, heat, swelling and pain are suppressed.

Glucocorticoid interferes at several steps in the inflammatory response, but the most important overall mechanism appears to be limitation of recruitment of inflammatory cells at the local site and production of proinflammatory mediators through inhibition of phospholipase A₂.

More patients are seen in age group of 41-60 than in age group of 21-40.

- Farmers, housewives and servicemen are more affected
- It is performed /done with proper sterilization.
- Risk of infection is more.
- This is done in well equipped O.T. with proper watch on patient's vitals before, during and after treatment.
- Mostly patient have a traumatic history in their past.
- Diabetic patients are very prone to frozen shoulder.

CONCLUSION

In my study which is performed on total 15 patient pain and tenderness is reduced efficiently, so the procedure of treating frozen shoulder by inj. Kenacort is very effective and there is instant relief in pain with improvement in shoulder movement.

- Management by inj. kenacort is cost effective.
- Procedure is not time consuming.

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