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High recurrence and good functional results after arthroscopic resection of pigmented villonodular synovitis[☆]



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KEYWORDS

Villonodular synovitis;
Knee;
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Abstract

Introduction: Pigmented villonodular synovitis (PVS) is a synovial proliferation disorder of uncertain aetiology, with some controversy as regards its proper treatment. The purpose of the study was to evaluate the functional outcome and recurrence rate in a series of patients diagnosed with both the diffuse and the localised types of PVS and treated by arthroscopic resection.

Material and methods: Twenty-four patients diagnosed with PVS were retrospectively assessed. There were 11 cases with the diffuse type, and 13 cases with the localised type of PVS. They were followed-up for a median of 60 months (range, 34–204). They underwent arthroscopic synovectomy, and were functionally evaluated with IKDC, WOMET, and Kujala scores.

Results: There was recurrence in 8 out of 13 (61.5%) cases with the diffuse type of PVS. Two of these patients were treated with radiation. One patient underwent surgical resection with an open procedure due to extra-articular involvement. The remaining 5 patients underwent a second arthroscopic resection, and no recurrence was subsequently observed. Cases with localised PVS did not recur after a single arthroscopic resection. IKDC, WOMET and Kujala scores improved by 30.6, 37.4 and 34.03 points, respectively.

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Discussion: Pigmented villonodular synovitis treated by arthroscopic resection showed good functional results at mid-term follow-up. A single arthroscopic resection was sufficient to treat the localised PVS, whereas the diffuse type of PVS required a second arthroscopic resection in most cases, due to its high rate of recurrence.

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PALABRAS CLAVE

Sinovitis villonodular;
Rodilla;
Artroscopia

Alta recidiva y buenos resultados funcionales tras la resección artroscópica de la sinovitis villonodular pigmentaria de la rodilla

Resumen

Introducción: La sinovitis villonodular pigmentaria (SVP) es un trastorno de la proliferación sinovial de etiología incierta, con un tratamiento controvertido. El objetivo del estudio es valorar los resultados funcionales y la tasa de recurrencia en una serie de pacientes diagnosticados de SVP de rodilla, tanto en su forma difusa como en su forma localizada, tratados mediante resección artroscópica.

Material y métodos: Estudio retrospectivo de 24 pacientes diagnosticados por resonancia magnética de SVP local/difusa entre 1996 y 2011. Se trataron 11 casos de forma localizada y 13 de forma difusa. Tras un seguimiento medio de 60 meses (rango: 34-204). Se intervinieron mediante sinovectomía artroscópica y se valoraron funcionalmente en el postoperatorio con los test IKDC, WOMET, Kujala y Tegner.

Resultados: Ocho pacientes afectados de SVP difusa recidivaron (un 61,5% de las formas difusas). De ellos 2 requirieron radioterapia, uno cirugía abierta por afectación extraarticular y 5 nueva resección artroscópica sin detectarse posteriormente nueva recidiva. En 6 pacientes se observaron lesiones asociadas (en 3 meniscopatía y en 3 lesiones condrales). No hubo recidivas en la forma localizada. El IKDC mejoró de media 30,6 puntos, el WOMET 37,4 puntos y Kujala 34,03 puntos.

Discusión: La SVP resecada mediante técnica artroscópica presenta buenos resultados funcionales y curativos a medio plazo con una baja morbilidad. La forma difusa de la SVP requiere con frecuencia una segunda intervención quirúrgica por su alta tasa de recidiva tras su resección artroscópica.

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Introduction

Pigmented villonodular synovitis (PVNS) is a disease of the synovial membrane characterised by the proliferation of mononuclear cells. It is an infrequent and benign entity, which typically affects the knees of young adults (<40 years).¹

The literature distinguishes 2 forms of presentation of PVNS, diffuse (DPVNS) (Fig. 1a) and localised (LPVNS) (Fig. 1b). The localised form is characterised by lobular and pendulous lesions from the synovium, which usually present in the femoropatellar region. On the other hand, DPVNS is characterised by involvement of all or most of the joint synovium.²

Although the treatment of PVNS is generally considered to consist in a full excision of the affected synovium, there is no consensus regarding the surgical technique to employ. While some authors advocate resection through open surgery,¹⁻⁶ others report similar rates of recurrence through total arthroscopic synovectomy.^{3,7-9} Arthroscopic synovectomy enables a better preservation of knee functionality, with few complications, and an acceptable rate

of recurrence, although the latter could depend on the form of PVNS. Complementary therapies with external radiotherapy or isotopic synoviorthesis have been proposed as alternatives in partial or incomplete resections as adjuvant treatment, with the aim of improving local disease control. There have been no reports of success with a second surgical resection upon recurrence of PVNS.²⁻¹⁴

The objective of this study was to evaluate the functional results and rate of recurrence in a series of patients diagnosed with PVNS, both the diffuse and localised forms, who were treated through arthroscopic resection.

Material and methods

We selected patients diagnosed with PVNS between the years 1996 and 2011 out of a database including all patients who underwent knee surgery through an arthroscopic technique at our centre.

The inclusion criteria were: (1) patients with knee pain; (2) full preoperative study with a presumptive diagnosis of PVNS by magnetic resonance imaging (MRI); (3) intervened

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