Talcum powder in revision surgery for olecranon bursitis

Good outcome in 11 patients

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We adapted the use of talcum powder in chest surgery to create a reactive pleuritis for treating recurrent olecranon bursitis. The 11 patients who underwent this procedure all had favorable outcomes.

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The use of talcum powder in chest surgery to create a reactive pleuritis and subsequent adhesions is well known and has been used for many years (Viallat et al. 1996, Rodriguez and Antony 1997, Yim and Izzat 1997, Aelony et al. 1998). Questions about the carcinogenicity and toxicity of talcum have been raised, but in spite of many laboratory and clinical trials no evidence was found to support this concern (Stenback and Rowlands 1978, Nielsen et al 1994, Goodman 1995). We adapted the use of talcum powder to create a similar reaction in order to prevent recurrent olecranon bursitis.

Patients

We treated 11 patients (6 men) with recurrent olecranon bursitis with talcum powder. Mean age of the patients was 69 (54–82) years. 1 patient had undergone three operations for olecranon bursitis, 2 patients had had two operations and 8 had had one. The patients were followed for mean 14 (4–30) months.

Treatment

We use a pneumatic tourniquet. A posteromedial longitudinal incision is made over the bursa. The sac and inflammatory tissue are completely excised and 5 grams of sterile talcum powder is sprinkled into the wound. The wound is sutured and a suction drain is left. A compression bandage is applied for 24 hours, and a sling is used for immobilization. The drain is removed after 24–48 hours and the sling after 1 week; active movement of the elbow is gradually resumed. Sutures are removed two weeks after surgery and patients are thereafter reviewed monthly for the next three months and then every 6 months as necessary.

Outcome

Only 1 minor recurrence was observed and no adverse reactions were noted.

Discussion

There is only one report in the literature of the use of any agent supplementary to surgery in the treatment of olecranon bursitis (Hassell et al. 1994). Hassel used intrabursal injection of tetracycline in 7 patients. He reported resolution of the bursa in 3 patients after 1 injection, in 3 patients after 4 injections and 1 patient required surgery.

We have taken an old and well-tried method of treatment in chest surgery and applied it to another surgical field. The treatment is safe and effective. While we have reserved its use for revision cases after failed primary operation, there may be a place for its use in the primary excision of non-septic olecranon bursitis.

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