FRISING, LUND, SWEDEN:

TUBERCULOSIS OF THE KNEE, TREATED WITH RESECTION

(To be published in a subsequent issue of this journal.)

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In the sea-shore sanatorium Apelviken resection of the knee joint is performed to a large extent, but only on adult patients with considerable changes in the bones. In tuberculosis with fistula formation, the fistulæ should have healed at least 6 months before the operation. (In two cases, benign fistulæ have been exstirpated in the same seance as the resection was performed.) This indication has been established because it is our experience that tuberculous bone foci seldom heal completely with ankylosis, and that usually they are only »encapsulated«, so that often they give rise to relapse.

Thus, in our resection material there are several cases with a history of 10 years' duration; and one case shows a relapse after latency for about 50 years.

During 1928—30, we have performed 36 resections for progressive tuberculosis of the knee, in part with abscess formation. Primary healing was obtained in most of these cases; in a few there were minor skin necroses in the wound edges; fistula and purulent secretion occurred in only one case (with a past history of fistulæ).

The patients have been discharged with complete, or almost complete, ankylosis of the knee in a good position and with a shortening of 2 cm. at the most.

Sundt

reported that in the sea-shore hospital at Stavern (Frederiksvern) resection of the knee joint had gradually become the

standard operation in tuberculosis of the knee in adults. In the last 4 years, in this hospital, there have been performed a total of 56 operations for tuberculosis of the knee, of which the majority were resections. Resection is also made in cases with fistule. Social considerations are more and more determinative of the indications for resection.