

STEVEN CHUDIK MD

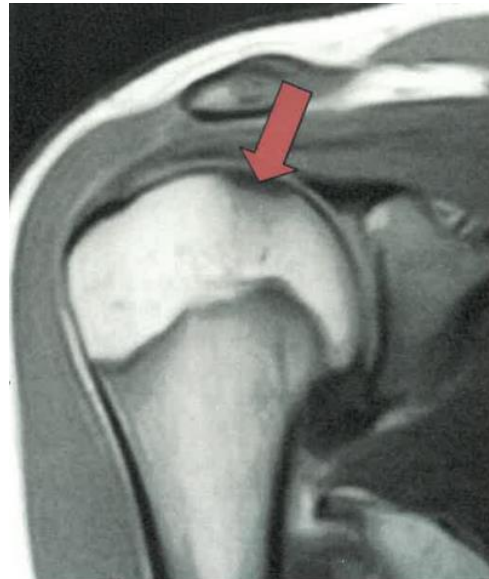
SHOULDER, KNEE & SPORTS MEDICINE

Osteochondritis Dissecans (OCD) of the Shoulder

Osteochondritis dissecans (OCD) of the shoulder is a rare condition in which the subchondral (beneath the cartilage) bone is injured and causes pain. Early lesions (injured areas) identified by a MRI scan can heal with rest. Over time, OCD lesions can progress with resorption or loss of bone, as well as loosening of the bone fragment and overlying cartilage. Eventually, this fragment can come loose as the unsupported overlying cartilage cracks leaving a hole in the smooth joint surface.



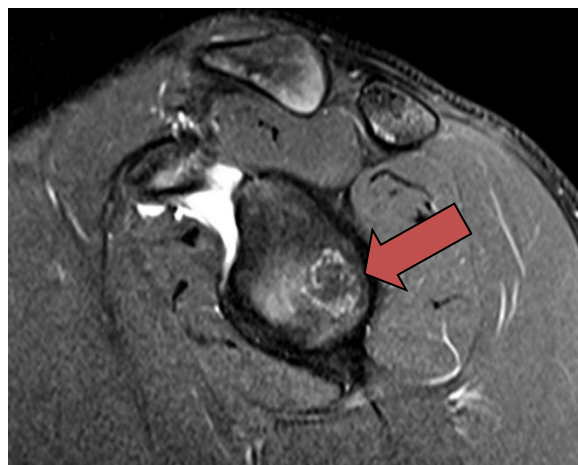
CT image of an OCD of the humeral head



An MRI image of an OCD of the humeral head



CT image of an OCD of the glenoid



An MRI image of an OCD of the glenoid



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Frequent Signs and Symptoms

- Pain and swelling
- Feeling of something moving in the joint
- The joint “gives way;” catching, locking
- Pain increases with activity

Etiology (Causes)

- Repetitive motion and overuse
- Possibly a compressive, shearing, or rotational force to the shoulder

Risk Factors

- Overuse activity with repetitive motion of the shoulder
- Poor flexibility and physical conditioning

Prevention

- Maintain appropriate conditioning, including shoulder and arm flexibility, muscle strength, and endurance
- Maintain proper technique when exercising or using shoulder repetitively, and have a coach/professional correct improper techniques
- Avoid overuse

Outcomes

In younger patients, the chances are higher that the OCD will heal on its own as long as the patient rests, stops activity, and is avoiding further aggravation. Older children and young adults may need more intervention in order to restore joint health. These treatments can range from immobilizing the arm in a sling to surgery. The process to recover from OCD can be quite long; in some cases, up to 18 months to reach full healing.

Potential Complications

- Pain and inflammation of the shoulder joint may persist without treatment
- Weakness and de-conditioning of the shoulder because of pain and limitations
- Uncommon complications following surgery:
 - Persistent pain
 - Infection and bleeding
 - Instability of the shoulder joint



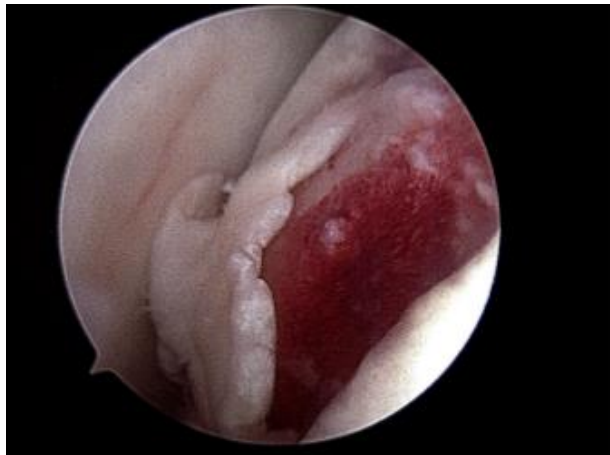
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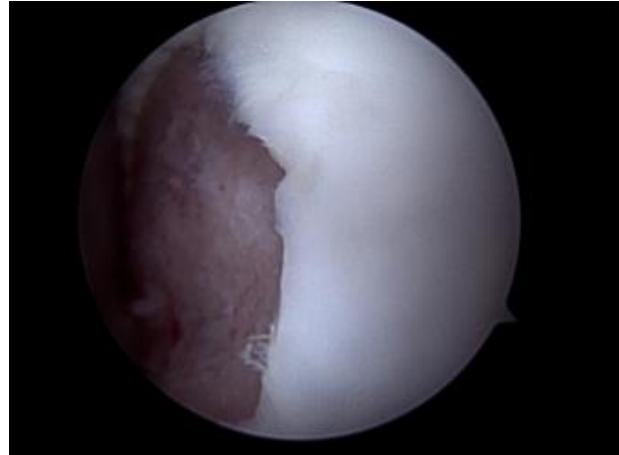
General Treatment Considerations

Further imaging (MRI, CT scan) may be needed to assess whether the fragment is stable and has potential for healing. If the OCD lesion appears to be stable, younger patients are likely to be treated conservatively with a sling or limited activities.

If the OCD is unstable or failing to heal with conservative treatment, Dr. Chudik can perform arthroscopic surgery to address the OCD lesion. The surgical method is determined by the size/instability of the bone and cartilage of the OCD. Small unstable fragments can be simply removed, and the surface of the bone is stimulated to promote a healing response. Large unstable fragments can be repaired to the bone surface using fixation and bone grafting techniques.



Arthroscopic image of humeral head OCD



Arthroscopic image of humeral head OCD debridement



Intraoperative Fluoroscopic image of OCD repair



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Possible Medications

- Prescription pain relievers are usually not prescribed for this condition except for post- surgical pain control.

Modalities (Cold Therapy)

Cold is used to relieve pain and reduce inflammation. Cold should be applied for 15 to 20 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.

Notify My Office If Symptoms Worsen

