

MICOD –31/05/2024

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# MI-COD

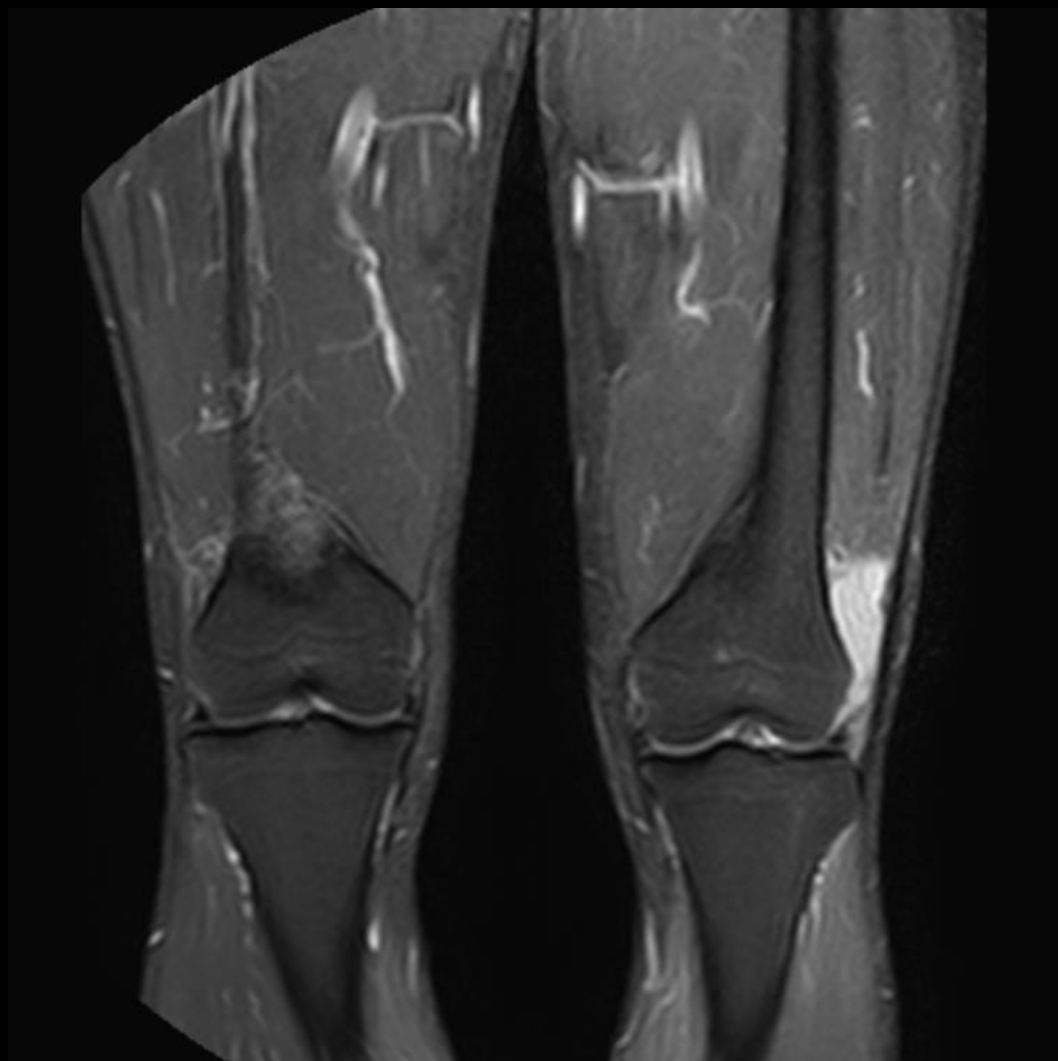
MSS INDIA- Case Of the Day

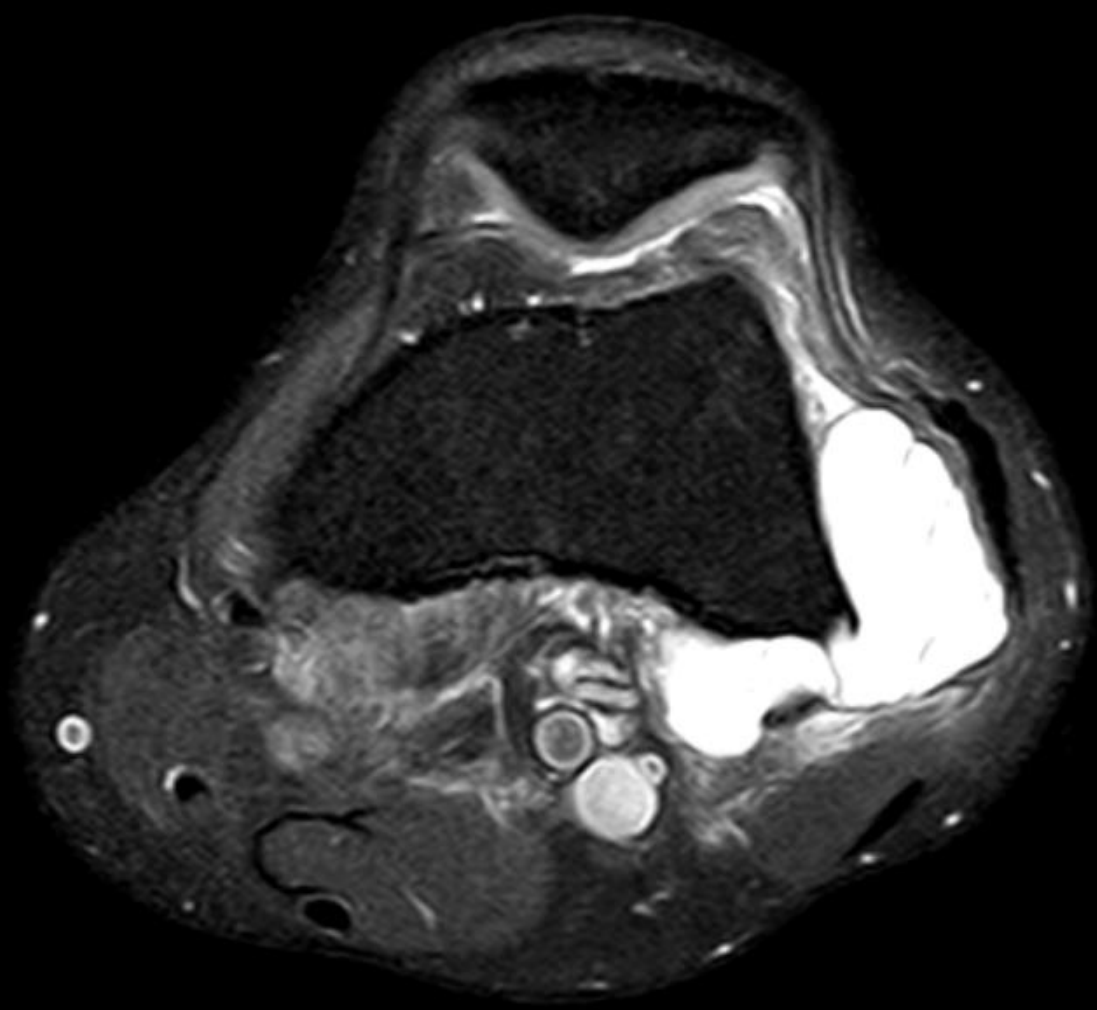
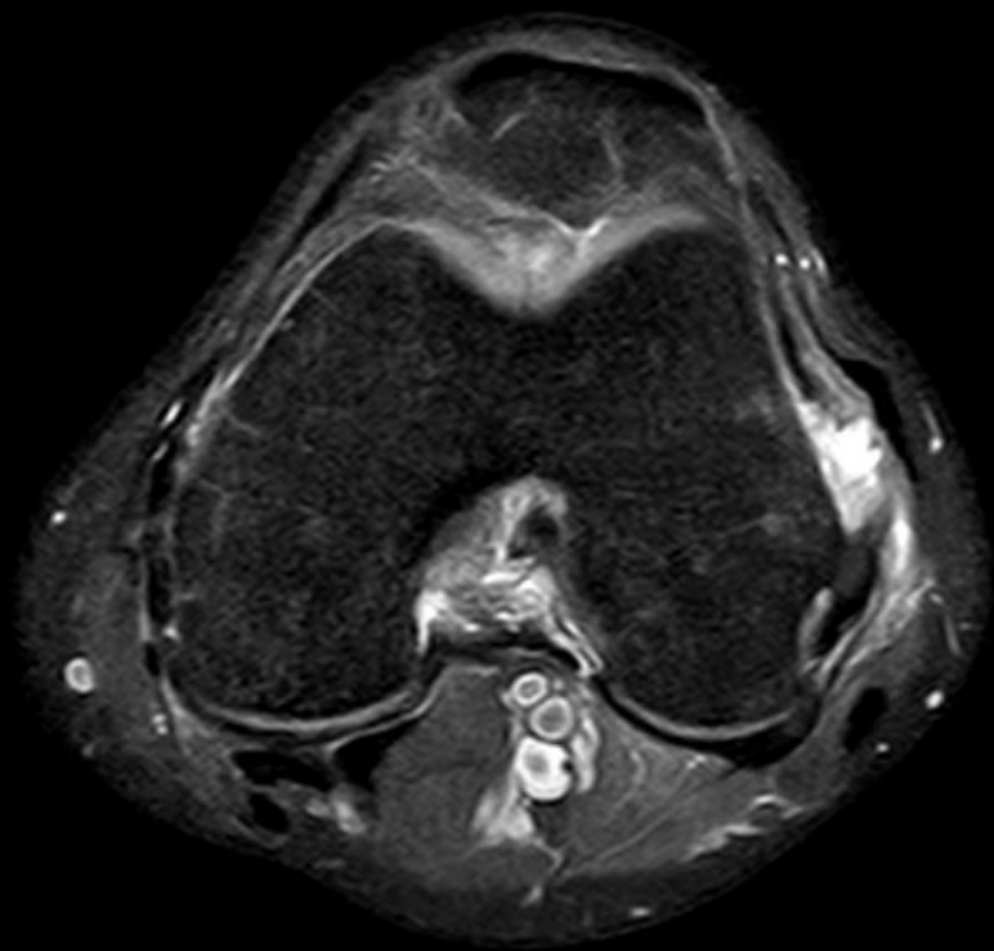


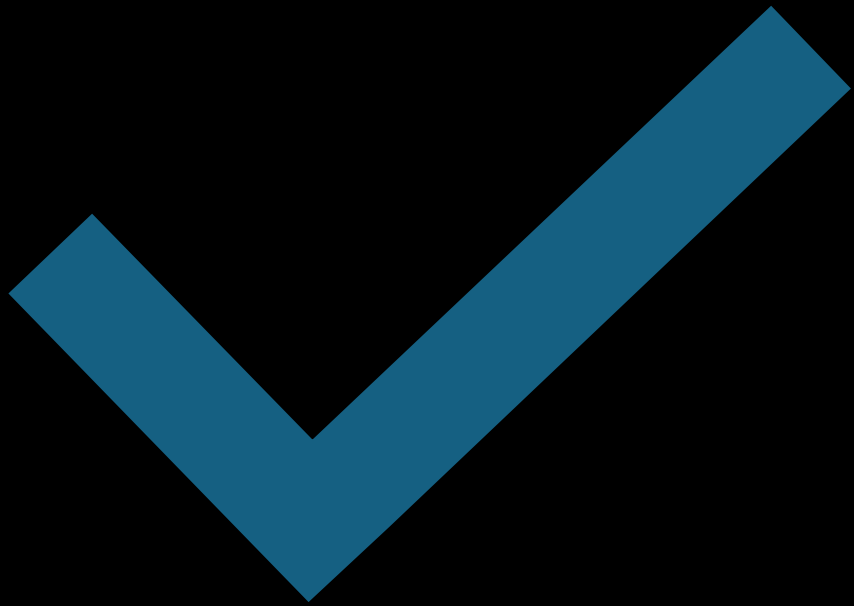
35 year old with lateral knee pain and swelling.

No history of trauma

History of recent marathon running







Iliotibial friction syndrome with  
adventitial bursa formation

**ANSWER**

# OVERVIEW

- **Iliotibial band (friction) syndrome** is a common cause of lateral knee pain related to intense physical activity resulting in chronic inflammation of the fat adjacent to the iliotibial band (ITB).
- Alternatively, the same pathology can occur over the greater trochanter and is considered the same diagnosis.
- Iliotibial band syndrome commonly affects young patients who are physically active, most often long-distance runners or cyclists.

# Clinical Features

- Iliotibial band syndrome is diagnosed by history and physical examination.
- Pain over the greater trochanter or at the lateral knee joint is the presenting symptom with point tenderness 1-2 cm above the lateral joint line.
- Pain is usually worse with downhill running and increases throughout an episode of activity.

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## Ultrasound

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Allows visualization of the impingement by assessing dynamic motion of the [iliotibial band](#) through knee flexion and extension.

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## MRI

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MR findings of iliotibial band syndrome include ill-defined signal abnormality within the fatty soft tissues interposed between the iliotibial band and bone.

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In the knee, the soft tissues lateral to the lateral femoral condyle show low T1 and high on T2 signal, in keeping with edema/fluid.

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In the hip, similar soft tissue changes are present and there may also be tendinopathy or tear of the [gluteus medius](#) or [minimus](#) tendons. There may also be [marrow edema](#) in the affected bone.

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Cystic areas representing primary or secondary (adventitious) bursae may be identified.

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Chronic MR findings include thickening of the iliotibial band and increased T2 signal intensity superficial to the iliotibial band are occasionally seen.

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Soft tissue fibrosis and bony proliferation may be present.

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# TREATMENT

Initial treatment of iliotibial band syndrome is conservative, consisting of physical therapy, anti-inflammatory medication, and steroid injections.

Surgical treatment is reserved only for those who fail conservative treatment and includes resection of the posterior aspect of the iliotibial band.