What you should know

What else should be known about OCD lesions?

- With early detection and appropriate treatment, most children recover well and can return to their normal activities.
- However, untreated OCD lesions can lead to chronic joint problems, so it's important to follow through with medical recommendations.
- Full recovery can take several months, and you may need to avoid high-impact activities during this time.
- Patience is crucial—rushing back into sports too soon can lead to re-injury or worsening of the condition.
- Keeping your child active and healthy with proper warm-ups, stretching, and sports techniques can reduce the risk.
- Encouraging rest days and a balanced training routine also helps prevent overuse injuries that contribute to OCD lesions.
- Dealing with an injury can be frustrating for young athletes, especially when it limits their ability to play sports—be supportive and patient with your child as they work through both the physical and emotional challenges of recovery.

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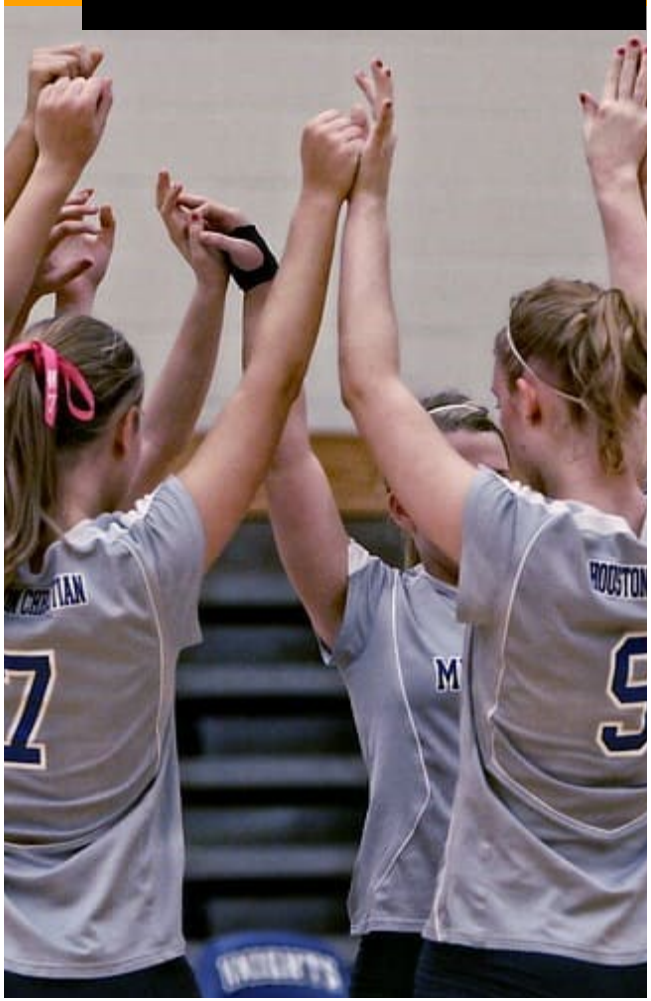
Osteochondritis Dissecans (OCD)



Understanding Osteochondritis Dissecans (OCD)

What is Osteochondritis Dissecans (OCD) lesion?

Osteochondritis Dissecans (OCD) is a condition in which a piece of bone and cartilage are at risk of loosening and separating from the joint. The bone supporting the joint surface looses its blood supply and a piece of bone and cartilage will eventually separate from the joint, causing pain, limited motion and degeneration of the joint.

Where can an OCD lesion occur?

An OCD most often develops in one of three areas:

- Elbow—Capitellum of the humerus
- Knee—Medial femoral condyle
- Ankle—Talus

What causes an OCD to occur?

An OCD is thought to occur from several possible causes. These include:

- Overuse
- Genetics (hereditary)
- Vascular (blood supply) problems

An OCD can occur in an adult, however in kids it most often occurs at age 10-15 while the physis (growth plate) is still open.

What are symptoms of an OCD lesion?

An OCD of the elbow, knee, or ankle may cause:

- Localized pain
- Swelling or stiffness
- Decreased range of motion
- Clicking, popping, or catching in the joint
- Limping (if lower extremity)
- Feelings of instability

What should you expect at your office visit?

After discussing your symptoms and medical history, your healthcare provider will examine your elbow, knee, and/or ankle. Specific tests help your healthcare provider assess your joints for OCD lesions or other pathology (problems).

Will my healthcare provider order additional tests?

Your healthcare provider may order imaging tests to help confirm the diagnosis and identify any other problems.

X-rays will show any injuries to the bones that make up your elbow, knee, or ankle joint.

A magnetic resonance imaging (MRI) study provides detailed images of soft tissues and bones to help useful for characterizing the size of lesion, the status of subchondral bone and cartilage, the signal intensity surrounding lesion, and the presence of loose bodies.

How are OCD lesions treated?

Treatment depends on the age of the patient and the stability (looseness) of the OCD. Younger patients who are still growing and have stable lesions may heal with discontinuing throwing or weight bearing activity and rest.

Unstable lesions in older patients frequently need treatment with surgery. Surgery may involve removing loose bone fragments from the joint and/or drilling into the OCD lesion to stimulate healing.

For larger OCD lesions, a procedure known as osteochondral autograft transplant (OAT) may be needed to transplant new cartilage and bone to the damaged area to restore the important weight-bearing service of joint.

Your healthcare provider will determine the best plan of care for you to help you get back to activities and/or sports safely.