

Methods: Using random digit dialing survey on phone calls, persons > 40 yrs, with pain in the knee or the hip area were selected. Those who agreed were examined in one of the six French investigating centres (Amiens, Brest, Nancy, Nice, Paris, Toulouse), and their knees (AP extension view, Lyon schuss and sky view) and/or their hips (AP pelvis, Lequesne oblique view) were x-rayed. The structural changes of knee and hip OA (Kellgren-Lawrence [KL] ≥ 2) were recorded by centralised reading. Patients fulfilling the inclusion criteria where then proposed to enter the KHOALA cohort (Knee and Hip OsteoArthritis Long-term Assessment).

Results: During the first year of recruitment (April 2007 - March 2008), 1506 subjects (females: 71%; mean age: 58 yrs) had x-rays: 312 hips, 674 knees, 520 both leading to 832 hip and 1194 knee radiographs (table). For both hips and knees, OA was as often unilateral as bilateral (50/50). In 10% of the cases, a hip/knee prosthesis on one side made these patients classified as "bilateral". In the presence of bilateral involvement, narrowing of the joint space was at the same location in both sides (96%). In hip OA the narrowing was supero-lateral (64%), supero-medial (22%), inferior/posterior (7%) and global (5%). In knee OA the narrowing was tibio-femoral medial (78%), lateral (11%) or both (7%). Patello-femoral OA was associated in 26% of the cases.

Table 1

	X-rays	X-rays of high quality	KL 0	KL 1	KL 2	KL 3	KL 4	KL ≥ 2
Hips	832	634	267	205	113	42	7	162
Knees	1194	801	198	316	123	95	69	287

Conclusions: Conclusion. (1) Hip and knee OA were observed in 19% and 24% of the cases respectively; (2) If only "high quality" radiographs were considered, the OA rates were 26 and 36% respectively; (3) most of the subjects had no medical care, did not know they had OA and logically the discovered OA was at an early stage. This was observed for hip, but not for knee where the rate of marked OA (KL ≥ 3) was high, in accordance with the common idea that knee OA is more often non diagnosed than hip OA, because could be less symptomatic; (4) Knee OA was more frequent than hip OA in all the French centres excepted the one in Brittany where the proportion was inverted, raising the issue of more prevalent hip OA in this area.

This study confirms that symptomatic knee OA is more frequent than hip OA, that around 25% of the tibio-femoral knee OA are associated with patello-femoral OA. In general population, conversely to hip OA, knee OA is less symptomatic.

296

THE "NOTCHED PATELLA" IN THE FRENCH KHOALA COHORT

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Purpose: First described by Wackenheim et al. [1] in 1972, the bony apposition on the anterior part of the patella gives a "notched" aspect on sky views. What are the prevalence and the geographical distribution of this enthesopathy? In which pathology is it described?

Methods: Using random digit dialing survey on phone calls, persons >40 yrs, with pain in the knee were selected. Those who agreed were examined in one of the six French investigating cen-

tres (Amiens, Brest, Nancy, Nice, Paris, Toulouse), and standard radiographs were performed (AP extension view, Lyon schuss and sky view) The structural changes of patello- and tibio-femoral knee OA (Kellgren-Lawrence [KL] ≥ 2) were recorded by centralised reading. Patients fulfilling the inclusion criteria where then proposed to enter the KHOALA cohort (Knee and Hip OsteoArthritis Long-term Assessment).

Results: During the first year of recruitment (April 2007 - March 2008), 1194 subjects (females: 69%; mean age: 58 yrs) had x-rays of their knees (table). Eight hundred and one of these radiographs were of sufficient quality to determine the KL grade. One hundred cases of notched patella were observed (16%). One set of radiographs (one patient) was not interpretable for OA staging(*). This involvement was virtually always bilateral (98%). The affected people were older (60 vs 56 yrs) and more often males (38% vs 31%) than non-affected persons. The rate of notched patella was independent from the tibio-femoral OA stage. The patello-femoral OA was observed in 16 out of the 130 patients with notched patella (22%), comparable to the rate noted in the whole population (26%). The prevalence of these notched patella varied according to the centres: Amiens (5%), Brest (6%), Nancy (23%), Nice (15%), Paris (4%), Toulouse (7%). Other bony appositions (at the tibial insertion of the anterior cruciate ligament, on the posterior condyles) were observed in these patients and not in the remaining of the population.

Table 1

	KL 0	KL 1	KL 2	KL 3	KL 4	KL ≥ 2
Knees (n=801)	198	316	123	95	69	287
"Notched patella" (n=129)	45	44	17	17	6	40*

Conclusions: More than 1/10 patients over 40 yrs of age, suffering knee pain, has notched patella (130/1194 = 11%). It is often related with other knee enthesopathies, especially diffuse skeletal hyperostosis (Forestier' disease or DISH), that often affect the knee [2] and may present without spine involvement [3]. Indeed, in our study, the affected people were more aged and more often males, as in DISH. The geographic disparity is not explained, but the high prevalence in the East of France may explain why authors from Strasbourg published the first description of this entity.

References

- [1] Wackenheim A et al. *Sem Hôp*, 1972, 48: 3467-71.
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297

MEDICAL TREATMENT AND MEDICAL CONSUMPTION IN ADULTS WITH NONTRAUMATIC KNEE COMPLAINTS IN GENERAL PRACTICE

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Purpose: To assess the medical treatment of the general practitioner (GP) at baseline and medical consumption during 1-year follow-up in adult patients visiting the GP with nontraumatic knee complaints.

Methods: Patients (aged > 35 years) consulting for nontraumatic knee complaints in general practice were enrolled in the study. At baseline, knee complaints, knee function, and medical treatment were assessed. During 1-year follow-up, medical consumption was assessed with 3-monthly questionnaires. In addition, factors