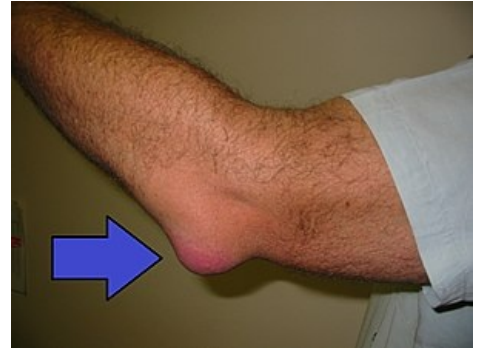


# Bursitis

**Bursitis** is an inflammatory disease of the bursae (fluid-filled sacs) around the joints and tendons; belongs to the group of *extra-articular rheumatism*.

## Pathogenesis

- The causes are not exactly known,
- the share of mechanical factors (overload, direct pressure on the stock exchange) is assumed,
- infectious bursitis is most often caused by *Staphylococcus aureus* + more often in immunodeficient patients (diabetes mellitus, rheumatoid arthritis, alcoholism, etc.).



Bursitis olecrani

## Classification

- **aseptic bursitis**,
- **infectious (septic) bursitis** (more often non-specific).

## Diagnosis

- Simple for superficial bursitis x deeper localizations + more complicated when the neighboring tendons are affected,
- **clinical picture**: pain, painful movement, dysfunction, redness, palpable pain + fluid fluctuations,
- temperature + increase in inflammatory markers (septic bursitis), puncture of the inflamed bursa + aspiration of effusion,
- deep stock market we prove by ultrasound, CT or MRI.

## Therapy

- *Acute aseptic bursitis*: puncture + local application of corticoids, non-opioid analgesics locally / general; after managing acute inflammation physiotherapy; persistent / extensive bursitis → extirpation of an inflamed, often hypertrophic bursae,
- *septic bursitis*: corticoids should not be used; after puncture of purulent / severely turbid effusion, use antibiotics orally or intravenously; local anti-inflammatory bandages; in failure of the conservative therapy, chronic recurrent bursitis or infection caused by resistant microorganisms - surgical treatment.

## Links

## Sources

- GALLO, Jiří, et al. *Ortopedie pro studenty lékařských a zdravotnických fakult*. 1. vydání. Olomouc : Univerzita Palackého v Olomouci, 2011. ISBN 978-80-244-2486-6.