Orthopaedic Connection

Avascular Necrosis – What’s That?

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Transforming patient information into patient understanding.

As all readers know (or should know!) I try extremely hard to avoid medical words that few people understand. But of course there must be a few exceptions. Today is one of them.

Our subject has several different names. Fortunately they all are covered by the same definition. First the names.

They are Avascular Necrosis
Osteonecrosis
AVN
Aseptic Necrosis

What Is It?

It is a condition (not a disease) in which the blood supply to an area of bone has been decreased causing death of bone cells and marrow cells. Then the bone begins to mechanically fail or collapse.

Who Is Affected?

It is not rare. It affects thousands of Americans each year. Any age can be affected. It is three times more common in women. It is most commonly seen in women and men over 60.

Cause

After all this time no one knows why blood flow to a certain part of the bone is decreased. The exact cause has never been identified.

Risk Factors

Even though we do not know the exact cause, there are several conditions that seem to be connected with avascular necrosis occurring. Medically we call these conditions or situations risk factors. People who develop AVN almost always have one of these.

• Corticosteroid (Cortisone) use even short term
• Excess alcohol intake over time
• Smoking
• Lupus
• Sickle cell anemia
• Organ transplant and immunosuppressive medication
• Excessive weight
• Radiation treatment
• Chemotherapy
• Renal dialysis
What Areas Are Affected

Many different bones can be affected by AVN. The most common in order are:

- Hip. The ball part known as the femoral head
- Knee. The flat area of the knee called the tibial plateau
- Shoulder. Ball part called the humeral head
- Ankle. Rounded part known as the talus
- Wrist. Most often a small carpal bone referred to as the lunate

Stage Is Set

I have given you the elements of AVN to begin your understanding of this very important Orthopaedic condition.

There are three large areas yet to cover. They are symptoms, how I diagnose AVN and of course treatment.

Please rejoin us next week, but if you can’t always remember that by Sunday evening every week this latest article in the Gratiot County Herald appears on my website www.orthopodsurgeon.com where it remains forever. Every article ever appearing in GCH (204 in all!!) are in the website archive. See you next week, owls. Christina, hope you are out there reading.

Gratiot County Herald Archive and Office Website

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It contains a world of musculoskeletal information you and your family and friends can use!

Website, Your Orthopaedic Connection, Archive of all previous GCH articles.

Please check it out. Be well.

Dr. Haverbush