

(Refer to [page 58](#))

ANSWER: CHONDROCALCINOSIS.

Chondrocalcinosis is defined as the presence of gross calcium deposition, mainly calcium pyrophosphate dihydrate (CPPD) crystals and basic calcium phosphate (BCP) within the hyaline cartilage and meniscus fibrocartilage in large joints, most commonly in the knee.¹

It has a prevalence of 5-15%² and is common in elderly above 65 years of age.³ It is often associated with haemochromatosis, hypomagnesaemia, hypophosphataemia and hypercalcaemia and it can be precipitated by dehydration, concurrent illness, long term steroid use, hypothyroidism, Wilson's disease, acromegaly and dialysis.¹

Patients are often asymptomatic but in acute arthritis, they can present similar but milder to urate arthropathy, with acute joint oedema, erythema and tenderness. In a chronic setting, it will show destructive changes on plain radiograph, similar to osteoarthritis but the symptoms will be more severe and it may progress to cause destructive arthropathy.³

It is mainly detected on plain radiograph as linear calcification² but the definitive diagnosis is synovial fluid examination to confirm presence of weakly positively birefringent rod shaped (CPPD) or rhomboidal crystals and also to exclude infective causes. BCPs are commonly associated with osteoarthritis, tendon and bursal inflammation.³ Radiological evidence of chondrocalcinosis may be noted in 4% of general population.³

There is no specific treatment for chondrocalcinosis apart from symptomatic management.¹ Some patients may develop progressive joint damage and functional limitations, depending on the underlying cause. Most acute attacks are self-limiting and usu-

ally resolve within days to weeks of treatment.³ Conservative management includes ice or cool packs, temporary rest and aspiration of the joint. NSAIDs can be given in the younger age group. Alternatively, colchicine and systemic steroids can also be given. Intra-articular corticosteroids may be used in more severe cases.¹

CONFLICT OF INTEREST

The author(s) declared no conflict of interest in this work.

CONSENT

Consent has been obtained from patient and hospital authority to publish this article.

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