Pes Anserinus Bursitis of the Knee
WHAT IS IT

It is a common disease and not always recognized by physicians in the diagnosis. Usually affects:

• sportsmen
• the middle-aged women
• the overweight subjects
• subjects with knee valgus or tending to valgus
Bursitis of the goosefoot is caused by inflammation of the bag that is interposed between the tendons and the bone acting as a "buffer"; consists of soft tissues, has the function of reducing friction in the medial region of the knee in the point of insertion of the tendons. The name “goosefoot" comes from the shape of the group consists of the tendon Sartorio, Gracile and semitendinosus in their distal insertion point, below the medial tibial plateau.
ANATOMY

- Sartorius muscle
- Gracilis tendon
- Semitendinosus tendon
- Pes anserinus
ANATOMY

• Sartorius muscle is a muscle located in the anterior surface of the thigh. Originates from the anterior superior iliac spine and its fibers are directed obliquely downward until reaching the tibial tuberosity. Bipolar and ribbon, fits on the tibia by a common tendon gracilis and semitendinosus muscles that, due to the shape, called the goosefoot.
Muscle Gracile: is a bi-articular muscle, flattened and ribbon-occupying the medial aspect of the thigh. It is covered by the femoral fascia and is placed in depth than the long-adductor muscles and big. Originates near the pubic symphysis at the front face of the ischium-pubic ramus and is inserted on the medial aspect of the tibia.
Semitendinosus muscle is a muscle located in the superficial posterior medial thigh. It’s meaty in its upper part and tendon in the lower. Originates from the ischial tuberosity with a common tendon to the long head of the biceps femoral and ends on the medial side of the tibia. Distally combines its tendon prior to that of the sartorius and laterally with that of the gracilis, constituting the goosefoot surface.
CAUSES

Bursitis of the goosefoot is part of the large group of so-called overload pathologies. It’s more common in women with knee osteoarthritis and overweight. However, the degree of severity of the syndrome is not related to the level of degeneration in the knee. It is believed that it is more common in women because they have a wider pelvis that causes a knee angle which leads to a pressure increase in the area insertion of the tendons of the goosefoot. Also, people with diabetes are involved in large proportion.
In which sport is more common?

This is a condition that mainly grows in distance runners, race walkers or in young athletes (in this case for an early overtraining).
ETIOLOGY

• trauma
• retraction of the hamstrings
• exostosis or bony prominence on the medial side of the knee
• flat foot
• valgus knee
SYMPTOMS

• pain in the antero-medial knee especially when going up or down stairs
• pain on palpation in the area and occasionally edema and dense texture of the tissue
• night pain and morning stiffness
• pain in getting up and / or sit on a chair
DIAGNOSIS

In most cases it is sufficient a clinical evaluation adequate, sometimes also carried out on the basis of the mere presence of pain on palpation of the upper end of the tibia. Ultrasound or MRI can help confirm the clinical diagnosis.
DIFFERENTIAL DIAGNOSIS

• cellulalgia painful medial
• lesion of the medial collateral ligament
• neurological pain (irritation internal saphenous nerve, root L3)
• anterior lesion horn medial meniscus
• stress fractures of the medial epicondyle
TREATMENT

- rest of the affected knee
- cry therapy (for periods of 15 minutes) in acute cases
- Anti-inflammatory if prescribed by your doctor
- using a pillow between your legs at night may be necessary
- in obese patients is necessary and fundamental to lose weight
- evaluation and possible correction of secondary factors such as flat feet
- diabetes control
- in physiotherapy ultrasound have been documented as effective in reducing the inflammatory process of this syndrome
- strengthening work of the muscles of the quadriceps
- stretching of the flexors and rotators Knee
- functional training and core stability
- in the phase of ri-athletization, re-educate the race and the support of the foot in its proper biomechanics in order to prevent relapses