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Bursitis

Bursitis is inflammation of a bursa. Bursae are anatomical structures that resemble flattened balloons that can become inflamed and thickened, and fill with fluid. Bursae are positioned over bony prominences, to help reduce friction and protect soft tissues like muscles and tendons that course over the bony prominences. Bursae cover essentially all bony prominences, and bursitis can occur in any of them. The most common location for bursitis is near the hip, over the outer aspect of the hip bone. This bursitis is called trochanteric bursitis. One bursa covers the bony point of the hip bone called the greater trochanter. Inflammation of this bursa is called tronchanteric bursitis. Pain and inflammation can develop in any bursa.

Symptoms:

Pain is the usual symptom of complaint with bursitis. Pain is usually sharp and intense. With chronic bursitis, pain may be dull and achy. Symptoms can be made worse with activity, but there is often pain at rest, and pain with pressure on the bursa. Fluid accumulation within the bursa can cause swelling, or a noticeable “fluid sack” to develop. Infection can develop within the bursa and cause redness and warmth; this condition is called septic bursitis.

Cause:

Bursitis may arise spontaneously, or may be associated with an injury, usually a direct blow to the affected bursa. In the hip, trochanteric bursitis can be the result of sleeping for a prolonged period on the affected side.

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Diagnosis:

A careful history and physical examination will typically make the diagnosis. Plain x-rays are often obtained and can show associated conditions, such as arthritis. Ultrasound can be useful to look for and treat fluid collections. MRI is sometimes needed to clarify the diagnosis.

Treatment:

Most patients with bursitis are initially treated nonsurgically. Regardless of the location of the bursitis, treatment typically begins with:

- Activity modification. Avoid the activities that worsen symptoms.
- Non-steroidal anti-inflammatory drugs (NSAIDs). may relieve pain and inflammation.
- Physical therapy. Can help to stretch and strengthen the affected joint.
- Steroid injection. Injection of a corticosteroid along with a local anesthetic may provide immediate relief. This procedure can be done in the office, often with ultrasound guidance, and may provide 2-3 months of symptom relief. If symptoms return, subsequent injections may be needed.

Surgery:

Surgery may be recommended for patients who have worsening of symptoms, or failure to improve, despite appropriate nonsurgical treatment. Surgery may also be indicated for patients with septic bursitis (infected). Surgery is done in the office or ambulatory surgery setting, and may be done arthroscopically, or with an open incision. Results are typically excellent. The bursa typically grows back, but is no longer inflamed.