

Case Report on Management and outcomes of Bilateral Arthritis of both hips

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ABSTRACT:

Introduction: - A persistent, dull ache in the groin and front of the thigh is common. Some people may feel a dull ache in their buttocks, outside of their hips, or in their lower back. People who have hip arthritis describe their pain with words like dull, aching, nagging, sore, and throbbing. Hip fractures are excruciatingly painful. The pain is usually restricted to the groin and the upper thigh. You will be unable to stand, bear weight, or move the upper part of your leg or knee if you have a hip fracture. **Main symptoms and clinical finding:** limping, joint pain, groin pain, hip loss of motion, warmth, swelling over the hip, hip tenderness. **Main diagnoses, therapeutic intervention, and our come:** she has 35 year old and treatment including inj. Emset 4mg , sos , Inj. Neomol 100ml TDS, Tab. Calcium 500mg BD, Tab. Limcee 500mg OD and patient condition was good with medical treatment. Now patient symptoms has been reduce and he had in better condition. **Conclusion:** The patient was admitted in AVBR Hospital with Chief complain in hip, fever, body pain, and both leg pain. **Nursing Perspectives:** Administered fluid replacement DNS and NS. Monitor the Vital signs and check the B. P per hourly. Maintain the intake and output chart and provided adequate rest and sleep to the patient. Administer medication as per the doctor order

Keywords: Fracture , Arthritis, Hip, Bilateral.

Introduction:

The number of bilateral total hip arthroplasties (THA) performed each year rises. Medical practice economic impact studies, as well as estimates of intra- and extra-hospital costs, play an important role in controlling healthcare spending. However, there have been few studies of this type for bilateral surgery in a single surgical session. This prompted us to conduct a health economics study to see if (1) bilateral hip resurfacing arthroplasty (HRA) performed in one stage rather than two stages results in lower health-care costs (costs of hospitalization, medical leave, rehabilitation), (2) It is also completely risk-free for the patient. Two-stage bilateral resurfacing is more expensive for the health-care system than one-stage bilateral HRA.

Over 300,000 joint replacement operations are performed in India each year, and the number is growing. We will look at the issue of simultaneous bilateral hip replacement in this article. These procedures are recommended for patients who have symptomatic bilateral arthrosis.¹

Patient information: 35 yr female patient admitted in AVBR Hospital on date 30/06/21 with chief complaint pain in hip, fever, body pain, and both leg pain.

primary concern and symptoms of patient :-present case visited/deposited in AVBR Hospital in OPD base on date with chief complaints of pain in hip, fever, body pain, and both leg pain.

Medical, family and psycho-social history :-Patient suffering from Arthritis of both hip before 1 year. Present case belong to nuclear family, in his family belong to middle class family. He was mentally stable. his oriented to date, time and place and he maintained good relationship with family members.

Relevant past intervention with outcomes:- History of in 1 year back for which he was hospitalized for 20 days after investigation was observed he took treatment for that and his outcomes was not good.

Physical examination and clinical findings :- State of health was unhealthy ,thin body built, the height of patient is 160cm and weight is 54 kg. vital signs are abnormal temperature is 99°F respiration 20 breath/min , pulse rate is 80 beat / min , blood pressure is 130/70mm of Hg his having fever and shivering.

Timeline :- patient was visited in AVBR Hospital on OPD base with chief complaint of pain in hip, fever, body pain, and both leg pain. provides to the patient .tab. Amikacin 500 mg BD ,inj pan 40, tab. Dolo. Inj. Emset 4mg ,sos, Inj. Neomol 100ml TDS, Tab. Calcium 500mg BD, Tab. Limcee 500mg OD . ceftriaxone was started at a daily dose of 2 gm intravenously. After three weeks of intravenous antibiotics, the patient was switched to oral cefixime at a dose of 200 mg per day.

Diagnostic Assessment :- During physical examination and investigation temperature is high and pain in both leg .all routine blood test was done in blood ,HB was normal, MRI in abnormal , X- ray is abnormal . Doctor diagnosed a case of acute pain in hip and hip fracture. Several studies looking into the thromboembolic complications of one-stage bilateral hip and knee replacements discovered no differences in this regard.

Diagnostic Evaluation :-

Diagnostic challenging :- No any challenging during diagnostic evaluation.

Diagnosis :- After physical examination and investigation doctor diagnose a case of Arthritis of both hip and hip fracture.

Therapeutic intervention:- Medical management was provides to the patient .tab. Amikacin 500 mg BD , Inj pan 40, Tab.dolo. Inj. Emset 4mg ,sos, Inj. Neomol 100ml TDS, Tab. Calcium 500mg BD, Tab. Limcee 500mg OD . ceftriaxone was started at a daily dose of 2 gm intravenously. After three weeks of intravenous antibiotics, the patient was switched to oral cefixime at a dose of 200 mg per day. His CRP level dropped to 0.29 mg/dL after five weeks of antibiotic treatment, his ESR was 19 mm/h, and his serum WBC count was 6.8103/mm³. One month after stopping the antibiotics, He was took all treatment and outcome was good. His sign and symptoms was reduced , he was able to him own activity. No any change in therapeutics intervention.²

Follow-up and Outcomes :-

clinical and patient assessment outcomes:- Patient condition was improved.

Important follow up diagnostic and other test results :- To preventing of disease and trying to reserve any sign and symptoms that have appeared because of pain is relief, fever is control Doctor advised follow up after 1month and advice blood investigation and x-ray to know the further disease progression.

Intervention adherence and tolerability:- Patient took all prescribed medication regularly. he also follow up dietician advised. ceftriaxone was started at a daily dose of 2 gm intravenously. After three weeks of intravenous antibiotics, the patient was switched to oral cefixime at a dose of 200 mg per day. His CRP level dropped to 0.29 mg/dL after five weeks of antibiotic treatment, his ESR was 19 mm/h, and his serum WBC count was 6.8103/mm³. One month after stopping the antibiotics, the patient Dietician was advised high rich iron food and rich in protein supplementation. His intervention adherence was satisfactory.³

Discussion:

Acute hip pain in an adult has a fairly broad differential. Serious and potentially treatable conditions, such as hip fractures, osteonecrosis, and a septic joint, must be considered and appropriately worked up or excluded. Less common and often self-limiting processes, such as regional migratory or transient hip osteoporosis, are potential considerations, particularly in the context of localised and transient bony demineralization or marrow edema on MRI.⁴

Almost every study compares bilateral replacement to simultaneous or one-stage bilateral replacement. In patients with bilateral arthrosis, operating on only one joint at a time necessitates a second unilateral operation. As a result, the risks of simultaneous replacement must be balanced against the risks of two unilateral replacements, because the patient must undergo both. When viewed in this light, simultaneous replacement, particularly of the hip, is the safer procedure in many ways.⁵ Related studies by Butola et. al.⁶, Nikose et. al.⁷, Awasthi et. al.⁸, Bhatt et. al.⁹ and Dhankar et. al.¹⁰ were reviewed.

Conclusion:

The patient was admitted to hospital with chief complaint of chief complaint pain in hip, fever, body pain, and both leg pain .After all investigation patient was diagnosed with a case of Arthritis of both hip and hip fracture. In our case stresses the need for good clinical assessment, good nursing care by trained nurses and the use of effective forensic studies is compulsory to secure patients from such a vital health condition.

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