INTRODUCTION

Osteoarthritis (OA) knee is the most common disease of joints which cause pain and functional limitation in elderly. OA knee presents at an early age in South Asia which is mostly due to working conditions and habits which need squatting.\(^1\) Pain from OA is a key symptom in the decision to see medical care and is an important antecedent to disability.\(^2\) The rapid increase in the prevalence of this already common disease suggests that OA will have a growing impact on health care and public health systems in future.\(^3\)

Viscosupplementation is a novel safe and possibly effective form of local treatment for osteoarthritis.\(^4\) It aims at supplying replacement hyaluronic acid into the joint space to return the elasticity and viscosity of synovial fluid to normal.\(^5\) Hyaluronic acid, a polysaccharide consisting...
of long chain of disaccharides is a natural component of cartilage and plays an essential part of viscoelastic properties of the synovial fluid. HA is considered not only a joint lubricant, but also a physiological factor in the trophi status of cartilage. The estimated total hyaluronic acid in a human knee joint is from 4-8mg.5

Intra articular injections of hyaluronic acid with a molecular weight between 500 and 750 kilodaltons (kD) have been studied using corticosteroid injections or NSAIDs as control treatment and by conducting placebo controlled trials.7-11 These studies suggested that intra articular injections of HA may improve the clinical condition and have long term beneficial effect in knee osteoarthritis patients, if osteoarthritis is less than moderate in grade. A review by Maheu looked at 5 different clinical trials, comparing different regimens of Hyalgan versus corticosteroids injections in osteoarthritis knee, with follow ups from 2-12 mths.12-15

One study showed initial superiority of Hyalgan and in three studies equal efficacy over time. The fifth study used a combination of Hyalgan and corticosteroid injections initially. The corticosteroid injections seemed to increase the long-term efficacy suggesting that these two combinations would be promising.19 On the other hand, a double-blind placebo controlled trial involving 91 patients with radiologically confirmed knee osteoarthritis concluded that intraarticular administration of 750 kD of hyaluronic acid offered no significant benefit over placebo during 5week treatment period.17

Although accepted as a conservative treatment option for knee OA, the debate about the effectiveness of intra articular treatment of HA is still going on because of contrasting outcomes.18

METHODS

This study compares the efficacy and safety of intra articular hyaluronic acid with intra articular Triamcinolone hexacetonide in primary osteoarthritis knee. The study design - descriptive cross- sectional study. Study period was 6 months. Study setting was at Department of Orthopedics and Rheumatology, GMC, Kozhikode.

Study population was 30 patients of either sex with symptoms of osteoarthritis knee were included, who fulfilled the below mentioned inclusion and exclusion criteria. They were divided into two groups of 15 patients.

Inclusion criteria

- Men and women suffering from primary osteoarthritis knee.
- The age group of 40-65 yrs.
- Confirmed by ACR clinical criteria.
- Belonging to radiological grade 1,2 and 3 of Kellgren and Lawrence scale.

Exclusion criteria

- Peptic ulcer and GIT disorders.
- Pregnancy and lactation.
- Diabetes mellitus.
- Intra articular injections and arthroscopy within one year.

Trial method

Patients were alternatively randomized into two groups to receive either hyaluronic acid or triamcinolone hexacetonide. A complete history was elicited using a pretested proforma which included personal data, duration of illness and other modalities of treatment. Radiological evaluation of joint was done using Kellgren and Lawrence scale. The study group received either intra articular triamcinolone hexacetonide 20mg on day 0 or intra articular hyaluronic acid 20mg/2ml on days 0, 7 and 14 under aseptic precautions. The patients were prescribed a course of antibiotic cefadroxil 500mg bid for 5 days. Rescue analgesic was paracetamol 500mg on an SOS basis. Prior to the treatment Visual Analogue Scale (VAS) for overall pain, joint line tenderness and 15m walking time in seconds were noted. The patients were reviewed at the end of 30th day, 90th day and 180th day and the same parameters were assessed. Patients were instructed to report immediately in the presence of any untoward effect.

Analysis of data

The data was coded and entered in MS Excel worksheet. Analysis was done using SPSS package. Qualitative data was summarized using frequency and percentage. Quantitative data was summarized using median and interquartile range (IQR). Association between qualitative data was analysed using Chi-square test and association between Quantitative data was done using independent sample t test. Baseline values and post - treatment values of overall pain using VAS, joint line tenderness and 15m walking time in seconds in each group were compared using Wilcoxon sign test. Comparison between the same parameters of the two groups was done using Mann Whitney U test. Significance level was fixed at a p value <0.05.

RESULTS

Thirty patients with osteoarthritis of the knee were evaluated in the descriptive comparative study, comparing the efficacy of intra articular hyaluronic acid with intra articular triamcinolone hexacetonide. All the patients in both groups completed the study. Table 1 shows the baseline parameters and was comparable in both groups.

Table 2 compares the efficacy of Hyaluronic acid over months using VAS for overall pain, joint line tenderness, 15m walking time in seconds. The values were expressed as the median and IQR of the differences of parameters between baseline and first visit (30 day) and baseline and
third visit (180th day). There was a significant improvement in all parameters between the baseline and 30th day, baseline and 180th day post treatment values as revealed by Wilcoxon sign test. The improvement was more on 180th day.

Table 1: Comparison of baseline parameters.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Hyaluronic acid</th>
<th>Triamcinolone Hexacetonide</th>
<th>Test</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of males /females included</td>
<td>5/15(33.33%)</td>
<td>2/15(13.33%)</td>
<td>Chi square test</td>
<td>0.31</td>
</tr>
<tr>
<td>Mean age in years(X±SD)</td>
<td>53±2.7</td>
<td>52±4.6</td>
<td>Independent sample t test</td>
<td>0.06</td>
</tr>
<tr>
<td>Mean duration of osteoarthritis in years (X±SD)</td>
<td>3.3±2.3</td>
<td>3.4±1.6</td>
<td>Independent sample t test</td>
<td>0.24</td>
</tr>
</tbody>
</table>

Table 2: Comparison of efficacy of hyaluronic acid over months using different scales.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Difference between BL and 1st visit median (IQR)</th>
<th>P value</th>
<th>Difference between BL and final visit median (IQR)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over all pain VAS</td>
<td>1.47(1.41)</td>
<td>0.01</td>
<td>4.13(2.07)</td>
<td>0.001</td>
</tr>
<tr>
<td>Joint line tenderness</td>
<td>0.87(0.35)</td>
<td>0.01</td>
<td>1.73(0.45)</td>
<td>0.001</td>
</tr>
<tr>
<td>15m walking (performance based)</td>
<td>8.67(7.43)</td>
<td>0.002</td>
<td>10(7.56)</td>
<td>0.004</td>
</tr>
</tbody>
</table>

Table 3: Comparison of efficacy of triamcinolone hexacetonide over months using different scales.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Difference between BL and 1st visit median (IQR)</th>
<th>P value</th>
<th>Difference between BL and final visit median (IQR)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall pain VAS</td>
<td>4.33(1.40)</td>
<td>0.002</td>
<td>0.13(0.35)</td>
<td>0.84</td>
</tr>
<tr>
<td>Joint line tenderness</td>
<td>1.93(0.26)</td>
<td>0.01</td>
<td>0±0</td>
<td>0.76</td>
</tr>
<tr>
<td>15m walking time</td>
<td>17.3(7.76)</td>
<td>0.001</td>
<td>1.66(2.44)</td>
<td>0.14</td>
</tr>
</tbody>
</table>

Table 4: Comparison of efficacy between hyaluronic acid and triamcinolone hexacetonide using VAS for overall pain, joint line tenderness and 15m walking time at first visit.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Difference between base line and 1st visit hyaluronic acid median (IQR)</th>
<th>Difference between base line and 1st visit triamcinolone hexacetonide median (IQR)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall pain using VAS</td>
<td>1.47(1.41)</td>
<td>4.33(1.40)</td>
<td>0.001</td>
</tr>
<tr>
<td>Joint line tenderness</td>
<td>0.87(0.35)</td>
<td>1.93(0.26)</td>
<td>0.01</td>
</tr>
<tr>
<td>15m walking time (sec)</td>
<td>8.67(7.43)</td>
<td>17.3(7.76)</td>
<td>0.002</td>
</tr>
</tbody>
</table>

Table 5: Comparison of efficacy between HA and THA using VAS for overall pain, joint line tenderness and 15m walking time at final visit.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Difference between base line and final visit hyaluronic acid median (IQR)</th>
<th>Difference between base line and final visit triamcinolone hexacetonide median (IQR)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall pain VAS</td>
<td>4.13(2.07)</td>
<td>0.13(0.35)</td>
<td>0.001</td>
</tr>
<tr>
<td>Joint line tenderness</td>
<td>1.73(0.45)</td>
<td>0±0</td>
<td>0.04</td>
</tr>
<tr>
<td>15m walking time</td>
<td>10(7.56)</td>
<td>1.66(2.44)</td>
<td>0.002</td>
</tr>
</tbody>
</table>

Table 3 compares the efficacy of triamcinolone hexacetonide over months by assessing VAS for overall pain, joint line tenderness, 15m walking time in seconds. The values were expressed as median and IQR of the difference between baseline and first visit and baseline and third visit values. There was highly significant improvement in all the parameters on the 30th day of treatment. However, the improvement was not seen at the end of 6 months. Many of the parameters didn’t show any improvement or worsened at the end of 6 months. Table 4 compares the efficacy of hyaluronic acid with triamcinolone hexacetonide with reference to VAS for
overall pain, joint line tenderness and 15m walking time in seconds on the 30th day of treatment. Values were expressed as median and IQR of the difference between baseline and first visit. The difference between the differences was compared using Mann Whitney U test. There was significant improvement in all parameters in favour of triamcinolone hexacetonide treated group.

Table 5 compares the efficacy of hyaluronic acid with triamcinolone hexacetonide with reference to the above parameters on the 180th day of treatment. Improvement was more for HA Group in all parameters compared to THA group and the difference between the differences was highly significant clinically and statistically.

Figures 1, 2 and 3 compare the efficacy of HA and THA using various parameters. All parameters showed a significant improvement in case of THA as compared to HA at the end of 1st month. However, at the end of 6 months all the parameters showed deterioration in THA group. Even though the improvement was slow in case of HA group, the improvement was long-lasting.

DISCUSSION

The present study was a descriptive comparative study to compare the efficacy and safety of intra articular hyaluronic acid and intra articular triamcinolone hexacetonide in 30 patients with primary osteoarthritis knee. The efficacy assessment of hyaluronic acid using VAS for overall pain, joint line tenderness and 15m walking time in seconds for pain disability and functional impairment showed a significant reduction from 30th day onwards. This result was comparable to result of a study by Brandt et al on 226 patients with osteoarthritis knee to evaluate the efficacy of intra articular injections of sodium hyaluronate. Patients were randomized to 3 weekly injections of sodium hyaluronate or physiologic saline and observed for additional 25 weeks. WOMAC Score, patient and investigator global assessments and pain on standing showed significant improvement from week 7 through 27 weeks in sodium hyaluronate group. In a prospective study conducted by Chandra Prash Pal, et al to evaluate the effect of intra articular Hyaluronic acid in 112 patients who were randomised to weekly injections of HA or normal saline and observed for 36 weeks significant reduction in weight bearing pain, resting pain VAS and WOMAC Scores were noted from 12 weeks onwards.

The proposed mechanism of action of HA activity occurs in two stages—a mechanical stage and a pharmacological stage. OA synovial fluid is replaced by higher concentrations of HA there by improving viscosity in mechanical stage. This also restores the shock absorbing and lubricating abilities of depleted synovial fluid and maintains a boundary layer around nociceptors reducing pain induction. The pharmacological stage induces the synthesis of endogenous HA and extracellular matrix components, which reduces proteoglycan loss in cartilage and apoptosis of chondrocytes. Also it reduces the inflammatory cell activities to reduce HA degradation and acts by reducing induction of pain mediators.

On assessing the efficacy of triamcinolone hexacetonide using VAS for overall pain, tenderness index and 15m walking time in seconds showed significant improvement at the 30th day. However, this improvement was not seen at the end of 6 months. Our result was comparable to the
study done by Umut Yavuz et al, on 120 patients with osteoarthritis knee comparing the efficacy of three corticosteroid injections with placebo. 26

Corticosteroids exert their anti-inflammatory action by interrupting the inflammatory and immune cascade at several levels including impairment of antigen opsonisation, interference with inflammatory cell adhesion and migration through vascular endothelium, impairment of leukotriene and prostaglandin synthesis, inhibition of production of neutrophil superoxide, metalloprotease, metalloprotease activator and decreased immunoglobulin synthesis. 27

Earlier studies have reported that corticosteroids injections may suppress cartilage proteoglycan synthesis or even cause degenerative lesions in cartilage. 28 On the other hand, using animal model several investigators have reported that low dose intra-articular corticosteroids normalised cartilage proteoglycan synthesis and also it significantly reduced the incidence and severity of cartilage erosions and osteophyte formation. 29

On comparing the efficacy of hyaluronic acid with triamcinolone hexacetonide, at 30 days, revealed a significant improvement in all parameters in favour of THA. During the next 5 months follow up period, significant improvement in all parameters in favour of hyaluronic acid treated group was noted. The result was comparable to a randomised multicentre single blind comparison of hylanG-F20 [n=113] and intra articular triamcinolone hexacetonide [n=102] for primary osteoarthritis knee. Primary assessments were WOMAC question A1 and a 100mm VAS for patient and investigator overall assessment. Maximum pain relief occurred at 1-2 weeks for THA, and at weeks 12 and 26 Hylan GF20 was significantly better than THA. 30 No clinically significant local or systemic adverse effects were noted in both the treatment groups. Both treatments were well tolerated.

This study concluded that intra articular triamcinolone hexacetonide has superior short-term efficacy compared to hyaluronic acid but in the long term, hyaluronic acid has superior effect. The only limiting factor is its high cost. Osteoarthritis being a chronic disease process, we need a drug which has a long-lasting effect. Additive effect of hyaluronic acid and triamcinolone hexacetonide can be considered for better efficacy.

CONCLUSION

This clinical study was undertaken to compare the efficacy and safety of recommended doses of intra articular Hyaluronic acid and intra articular Triamcinolone hexacetonide in 30 patients, 15 being in each group. The efficacy was measured with various parameters for a period of 6 months.

The study has shown that triamcinolone hexacetonide has superior short-term efficacy whereas hyaluronic acid has long lasting effect. Both treatments were well tolerated by the patients. Injection with corticosteroids or HA are used for the treatment of knee osteoarthritis when oral therapy does not provide adequate symptom control. Drawback of HA is multiple weekly injections over 3-5 weeks and also high cost. The use of HA in combination with THA appears to give a rapid onset of symptom relief with increased duration of response and no apparent increase in toxicity. Additional research has to be done to better define the role of this combination. Also, future studies should be conducted to examine if HA preparations can provide equal efficacy with compressed dosing schedule compared to traditional multiewk dosing.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee of GMC, Kozhikode

REFERENCES


