



TITLE: Aspiration for the Treatment of Pre-patellar and Olecranon Bursitis: Clinical Evidence and Safety

DATE: 16 October 2012

RESEARCH QUESTIONS

1. What is the clinical evidence for the effectiveness of aspiration as a treatment for pre-patellar and olecranon bursitis in adult patients?
2. What is the clinical evidence for the harms associated with aspiration as a treatment for pre-patellar and olecranon bursitis in adult patients?

KEY MESSAGE

No relevant literature was found regarding the effectiveness of aspiration as a treatment for pre-patellar and olecranon bursitis in adult patients.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2012 issue 9), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. The search was limited to English language documents, with no publication date limits. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

Disclaimer: The Rapid Response Service is an information service for those involved in planning and providing health care in Canada. Rapid responses are based on a limited literature search and are not comprehensive, systematic reviews. The intent is to provide a list of sources of the best evidence on the topic that CADTH could identify using all reasonable efforts within the time allowed. Rapid responses should be considered along with other types of information and health care considerations. The information included in this response is not intended to replace professional medical advice, nor should it be construed as a recommendation for or against the use of a particular health technology. Readers are also cautioned that a lack of good quality evidence does not necessarily mean a lack of effectiveness particularly in the case of new and emerging health technologies, for which little information can be found, but which may in future prove to be effective. While CADTH has taken care in the preparation of the report to ensure that its contents are accurate, complete and up to date, CADTH does not make any guarantee to that effect. CADTH is not liable for any loss or damages resulting from use of the information in the report.

Copyright: This report contains CADTH copyright material and may contain material in which a third party owns copyright. **This report may be used for the purposes of research or private study only.** It may not be copied, posted on a web site, redistributed by email or stored on an electronic system without the prior written permission of CADTH or applicable copyright owner.

Links: This report may contain links to other information available on the websites of third parties on the Internet. CADTH does not have control over the content of such sites. Use of third party sites is governed by the owners' own terms and conditions.

RESULTS

No relevant health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, or non-randomized studies were identified regarding the effectiveness or harms of aspiration as a treatment for pre-patellar and olecranon bursitis in adult patients. Related references of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

No relevant literature was found regarding the effectiveness of aspiration as a treatment for pre-patellar and olecranon bursitis in adult patients; therefore, no summary can be provided.

REFERENCES SUMMARIZED

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

No literature identified.

Prepared by:

Canadian Agency for Drugs and Technologies in Health

Tel: 1-866-898-8439

www.cadth.ca

APPENDIX – FURTHER INFORMATION:

Guidelines and Recommendations

1. Accident Compensation Corporation (ACC) of New Zealand. Distal upper limb: guidelines for management of some common musculoskeletal disorders [Internet]. Wellington (New Zealand): ACC; 2009. 138 p. Chapter 6, Olecranon bursitis; p. 86-97. [cited 2012 Oct 5]. (Clinical practice guidelines ACC5124). Available from: http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_communications/documents/guide/prd_ctrb112932.pdf See: Recommendation 3, page 95

Technique

2. Lockman L. Treating nonseptic olecranon bursitis: a 3-step technique. Can Fam Physician [Internet]. 2010 Nov [cited 2012 Oct 5];56(11):1157. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2980436>
PubMed: PM21075998

Review Articles

3. Del Buono A, Franceschi F, Palumbo A, Denaro V, Maffulli N. Diagnosis and management of olecranon bursitis. Surgeon. 2012 Oct;10(5):297-300.
PubMed: PM22503398
4. Cardone DA, Tallia AF. Diagnostic and therapeutic injection of the elbow region. Am Fam Physician [Internet]. 2002 Dec 1 [cited 2012 Oct 5];66(11):2097-100. Available from: <http://www.aafp.org/afp/2002/1201/p2097.html>
PubMed: PM12484691
5. Shell D, Perkins R, Cosgarea A. Septic olecranon bursitis: recognition and treatment. J Am Board Fam Pract. 1995 May;8(3):217-20.
PubMed: PM7618500
6. Gross AE, Langer F. Aspiration and injection of joints, tendons and bursae. Can Fam Physician [Internet]. 1975 Sep [cited 2012 Oct 5];21(9):84-91. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2274686>
PubMed: PM20469234

Additional References

7. McFarland EG, Mamanee P, Queale WS, Cosgarea AJ. Olecranon and prepatellar bursitis: treating acute, chronic, and inflamed. Phys Sportsmed. 2000 Mar;28(3):40-52.
PubMed: PM20086627
8. Stell IM. Septic and non-septic olecranon bursitis in the accident and emergency department--an approach to management. J Accid Emerg Med [Internet]. 1996 Sep [cited 2012 Oct 5];13(5):351-3. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1342774>
PubMed: PM8894865