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Joints | 77

LYMPHATIC DRAINAGE OF SYNOVIAL JOINTS

Lymphatics form a plexus in the subintima of the synovial membrane, and drain along the blood vessels to the regional deep nodes.

STABILITY OF SYNOVIAL JOINTS

The various factors maintaining stability at a joint are described here in order of their importance.

1. Muscles:

The tone of different groups of muscles acting on the joint is the most important and indispensable factor in maintaining the stability. Without muscles, the knee and shoulder would be unstable, and arches of the foot would collapse.

2. Ligaments:

Are important in preventing any over-movement, and in guarding against sudden accidental stresses. However, they do not help against a continuous strain, because once stretched, they tend to remain elongated. In this respect the elastic ligaments (ligamenta flava and ligaments of the joints of auditory ossicles) are superior to the common type of white fibrous ligaments.

3. Bones:

Help in maintaining stability only in firm type of joints, like the hip and ankle. Otherwise in most of the joints (shoulder, knee, sacroiliac, etc.) their role is negligible.

CLINICAL ANATOMY

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Intervertebral disc forms secondary cartilaginous joint between the bodies of the vertebrae. If the nucleus pulposus part of the disc gets protruded backwards, it may press on the spinal nerve leaving out from the intervertebral foramina. The condition is known as *herniation of the disc* or disc prolapse. If disc prolapse occurs in lumbar or sacral nerves, there is radiating pain in the lower limb, then the condition is called *sciatica* (Fig. 3.21).

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The joints may get dislocated, i.e. the end of one of the bones gets out of its socket. In subluxation, the end of the bone partially leaves its socket (Fig. 3.22).

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Rheumatic fever causes fleeting pain in the joints, accompanied by streptococcal pharyngitis. It is mostly temporary pain in the joints. The toxins of the bacteria may affect the mitral valve of the heart or the kidneys.

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Clavicle

Scapula

First rib

Atavistic epiphysis

Pressure epiphysis

Traction epiphysis

Sternum manubrium

Xiphoid process

Body

Fig. 2.12: Types of epiphyses

Examples: coracoid process of scapula and os trigonum or lateral tubercle of talus.

(d) Aberrant epiphysis is not always present. Examples: epiphysis at the head of the first metacarpal and at the base of other metacarpal bones.

2. Diaphysis

It is the elongated shaft of a long bone which ossifies from a primary centre (Fig. 2.11).

3. Metaphysis

The epiphysial ends of a diaphysis are called metaphyses.

Each metaphysis is the zone of active growth. Before epiphysial fusion, the metaphysis is richly supplied with blood through end arteries forming 'hair-pin' bends.

This is the common site of osteomyelitis in children because the bacteria or emboli are easily trapped in the hair-pin bends, causing infarction.

After the epiphysial fusion, vascular communications are established between the metaphysial and epiphysial arteries. Now the metaphysis contains no more end-arteries and is no longer subjected to osteomyelitis.

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