

Spontaneous Osteonecrosis of the Knee (SONK)

SONK is a rare knee condition. There are three types of SONK:

Primary – Most common, where blood flow to the end of your thighbone (femur) is compromised leading to a reduction in bone health.

Secondary – Changes in bone health associated with medical conditions such as long term steroid use, sickle cell disease, lupus, osteoporosis or a history of excessive alcohol consumption.

Post-operative – This is much rarer and caused by complications following a surgical procedure.

Severe osteonecrosis can lead to the development of osteoarthritis.

Symptoms

Often pain is felt on the inside of the knee and is worse at night and when weight bearing. It is diagnosed by an x-ray. Sometimes this will need to be followed by a MRI scan. These will determine what stage the disease is at which is important when choosing the appropriate treatment.

Risk Factors

9 in 100 people over the age of 65 can develop primary SONK. It is three times more likely to occur in women than men.

Early Stage Treatment

- Non-steroidal anti-inflammatories.
- Reduced weight bearing, possible with a knee brace.
- Physiotherapy to strengthen the surrounding muscles and improve movement.

Bio-phosphates may also be considered

Late Stage Treatment

Depending on the severity, it may be appropriate to treat SONK with key hole surgery or knee replacement surgery.