



Pes Anserinus Bursitis Clinical Presentation

- Author: P Mark Glencross, MD, MPH, FACOEM, FAAPMR; Chief Editor: Consuelo T Lorenzo, MD [more...](#)

Updated: Sep 10, 2009

History

Pes anserine bursitis can result from acute trauma to the medial knee, athletic overuse, or chronic mechanical and degenerative processes. An occurrence of pes anserine bursitis commonly is characterized by pain, tenderness, and local swelling. Typical findings reported within the subjective examination may include the following:

- Tenderness over the inner knee can occur, with pain upon ascending and, possibly, descending stairs.
- Pain may be noted when arising from a seated position or at night. Patients typically deny pain with walking on level surfaces.
- Local swelling may be noted.
- Chronic refractory pain can occur in the area during aggravating activities in individuals with arthritis of the knee or in obese females.
- A history of athletic activity is another typical finding.
 - Generally, susceptible persons are those who are involved in any sport that requires side-to-side movement or cutting. The incidence of pes anserine bursitis is higher among runners and in individuals who play basketball, soccer, and racket sports, in part because of the popularity of these activities.
 - Pes anserine bursitis also has been reported in swimmers; as a result, the condition occasionally is called breaststroker's knee, although this term usually refers to MCL strains. MCL pathology may coexist among athletes or other individuals.

Physical

- The hallmark physical finding in pes anserine bursitis is pain over the proximal medial tibia at the insertion of the conjoined tendons of the pes anserinus, approximately 2-5 cm below the anteromedial joint margin of the knee.
 - The bursa usually is not palpable unless effusion and thickening are present.
 - Palpable crepitus consistent with bursitis occasionally is observed.
- With the chronic variant in older adults, usually no pain is experienced with flexion or extension of the knee.
 - Local pain is frequently noted in the area of the bursa, but upon palpation, no pain should be noted at the joint line itself unless other conditions are active. Some researchers report pain along the medial joint line, mimicking a meniscal tear.
 - Noticeable bursal swelling is less frequent among elderly patients with concurrent arthritis. Bursitis is found more frequently on the right side than on the left, and approximately one third of patients have bilateral involvement.
- In the sports-related variant, symptoms may be reproduced with resisted internal rotation and resisted flexion of the knee.
 - Valgus stress may reproduce the symptoms in athletic individuals, making it hard to distinguish pes anserine bursitis from MCL injuries. Typically, painful tenderness in association with MCL injuries is superior and posterior to the pes anserine bursa.
 - If swelling can be traced more proximally along the pes anserinus tendons, a formal tendinitis may be present, and a snapping of the pes anserine tendons can occur.
 - An exostosis of the tibia has been described in athletes and may contribute to chronic symptoms.
- One investigator noted that up to 30% of asymptomatic people report tenderness when the area of the pes anserine bursa is pressed.

- Two case reports of large cystic swellings of the bursa that resolved with conservative management have been documented.

Causes

- Degenerative joint disease of the knee frequently is associated with bursitis. According to some investigators, up to 75% of patients with degenerative joint disease may have symptoms of pes anserine bursitis.
- Obesity has been found to be associated with pes anserine bursitis, particularly, according to several studies, in middle-aged women.
- According to an investigation of women aged 45-82 years, valgus knee deformity, alone or in combination with collateral instability, appears to increase the risk for the development of pes anserine bursitis/tendinitis.^[4]
- Pes planus (ie, flat foot) may predispose patients to pes anserine bursitis and to other problems in the medial knee.
- Sporting activities that require side-to-side movement or cutting have been associated with pes anserine bursitis.
- Local trauma, exostosis, and tendon tightness may predispose patients to inflammation.
- In 2 studies, diabetes was linked to bursitis^[3] ; however, the extent to which patients were able to control the diabetes was not documented.