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## **Le Osteocondriti. Generalita — Eziopatogenesi. C. Casuccio. Relazione al XXXIX Congresso della Società Italiana di Ortopedia e Traumatologia, Napoli, 13-15 ottobre 1954**

*J Bone Joint Surg Am. 1955;37:893.*

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TRANSACTIONS OF THE THIRTY-NINTH CONGRESS OF THE ITALIAN SOCIETY OF ORTHOPAEDIC AND TRAUMATIC SURGERY. Naples, October 13-15, 1954.

A prominent part of these transactions is a report on osteochondritis published in three good-sized volumes by Dr. C. Casuccio, Dr. Aldo Recine, and Dr. M. Paltrinieri. This problem is discussed by each of the authors at great length from the general and etiological, the pathological and roentgenological, and from the therapeutic and statistical points of view.

*Le Osteocondriti. Generalità — Eziopatogenesi.* C. Casuccio. *Relazione al XXXIX Congresso della Società Italiana di Ortopedia e Traumatologia, Napoli, 13-15 ottobre 1954.*

While the title implies only the general and etiological aspects of the problem of osteochondritis, the treatise goes extensively into definition, nomenclature, frequency, and classification and then proceeds to the pathology of the essentials of aseptic necrosis. It is based upon a background of the most elaborate and painstaking study of the global literature and upon a large correspondence with some of the most prominent authorities. In general, the author accepts the current definition of osteochondritis as an aseptic necrosis of primary or secondary ossification centers, which occurs during growth and which has a tendency toward spontaneous cure, very often with deformity. The author, however, believes that aseptic necrosis does not in every case represent the essential cause of the condition. What distorts the picture somewhat is his including in his table of classification infectious conditions which, by definition of aseptic necrosis, do not belong there. However, when he treats the subject, he considers only the aseptic condition as such. There is a good illustration of diverse localizations of this ubiquitous condition, attached to which is the lengthy row of names of the discoverers. There is also a table on relative frequency. Among fourteen different forms of the conditions, Perthes' disease naturally occupies the foremost place with a frequency of 49 per cent. in the author's series and of about 30 per cent. in a collective series, the latter embracing 1,268 cases.

The analysis of osteochondritis in general occupies the first part of the book; the author discusses heredity, the essential pathological features, and experimental studies on production of osteochondritis by trauma and circulatory damage, both from sources in the literature and from his personal studies. His own experiments, made on rabbits, are based on section of the ligamentum rotundum, on resection of pelvitrochanteric muscles, and on section of the capsule. His conclusion is that osteochondritis in man has diverse causes, circulatory as well as traumatic, metabolic, and endocrine. In the following section the author expatiates more freely on the different theories on the etiology of osteochondritis: the rachitic theory, the theories of congenital dysplasia or osteitis fibrosa, the endocrine, metabolic, neurogenic, vascular, static, and traumatic theories, not forgetting Waldenström's infectious theory of 1909. The difficulty with these theories is usually that they are not mutually exclusive and, therefore, can be applied concurrently and in combination.

The second part of this work is even more interesting. It deals with specific localizations. It begins duly with osteochondritis of the hip, to which a great deal of pathological and clinical consideration is devoted, with the usual long reference to contributions in the literature. This is followed by a discussion of Osgood-Schlatter disease, with some interesting pathological details added which are not usually recorded. The following chapters deal with the more rare conditions, among them osteochondritis of the patella, of which three cases are reported.

Haglund's osteochondritis of the calcaneal epiphysis is also presented under a profusion of names. The author has collected 114 cases from the literature, adding two of his own. In both of these conditions, the traumatic element looms large as the underlying cause. The same concept is expressed in the discussions which follow, of Köhler's disease of the tarsal navicular and in the disease of Köhler-Freiberg where also preference is given to traumatic over circulatory and constitutional factors. However, in discussing kyphosis adolescentium or Scheuermann's disease, the author admits that there must be certain individual predispositions without which the manifestation of the disease would be hard to explain. Whether these predisposing factors are of endocrine, rachitic, or other origin is a question which is left open. At any rate, a condition of lessened resistance exists based on an intrinsic or constitutional element upon which the extrinsic factor of mechanical stresses is superimposed or to which it is coordinated.

Kienböck's disease is presented as a traumatic rarifying osteitis, with emphasis on cystic cavities, the abundance of intertrabecular connective-tissue necrosis of trabeculae in a state of resorption, and islands of cartilage between fibrous tissue and bone. While genetic elements are admitted, the relation to trauma is again stressed. Osteochondritis of the ischiopubic joint described by Delitala and Valtancoli, as well as other rare localizations, such as the clavicle, the upper portion of the humerus, the elbow, and the condyles and epicondyles are cited. There is also mentioned osteochondritis of the sacro-iliac joint, of the iliac spines, the greater trochanter, lower end of the femur, upper end of the tibia, the cuneiforms, and the sesamoids. No less than twenty-three of these rare localizations are quoted from reports in the literature.

*Le Osteocondriti. Anatomia Patologica. Quadri Clinici e Radiologici.* Aldo Recine. *Relazione al XXXIX Congresso della Società Italiana di Ortopedia e Traumatologia, Napoli, 13-15 ottobre 1954.*

This report is devoted principally to the pathological and roentgenological aspect of the osteochondritides. It begins with a detailed description of normal histology and ossification, illustrated by ex-