



Overuse and abuse of cortisone

Kortizonun aşırı ve yanlış kullanımı

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The serious side effects of cortisone are well-known and documented; however, many doctors ignore them. The most common complications faced by orthopedic surgeons are joint infection, tendon weakening or rupture, osteoporosis, deterioration of cartilage within a joint, osteoarthritis, and osteonecrosis. These serious conditions may require major surgeries like arthroplasties.^[1]

First of all, cortisone is not for all. While the injections help some patients significantly, at least for a period of time, others do not get any relief. Some patients' disease is too far advanced to respond to this approach, or any conservative approach.

For instance, osteoarthritis results from a complex system of interacting mechanical, biological, and biochemical factors.^[2] It is a major cause of chronic musculoskeletal pain and dysfunction. There are studies demonstrating discordance between pain and radiograph.^[3] Therefore, we must treat the patients and not the radiograph or computed tomography or magnetic resonance imaging.^[4]

I believe that use of corticosteroids should be limited to the certain conditions that have been proven to be positively and safely influenced by them, and close follow-up is required. In general, we must not inject cortisone more often than three times a year. Too many injections increase the risk of side effects.

REFERENCES

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