

Peritendinous Injections: Update of Techniques and Evidences





Professor of PMR, MD.
Istanbul University, Faculty of Medicine
Chairman of Pain Medicine Clinic



Vice President of Turkish Society of
Physical Medicine and Rehabilitation



General Secretary of Turkish
Association of Manual Medicine



General Secretary of Association of
Complementary Medicine

Certified Prolo-therapist
Certified Ozone-therapist

A member of

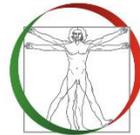


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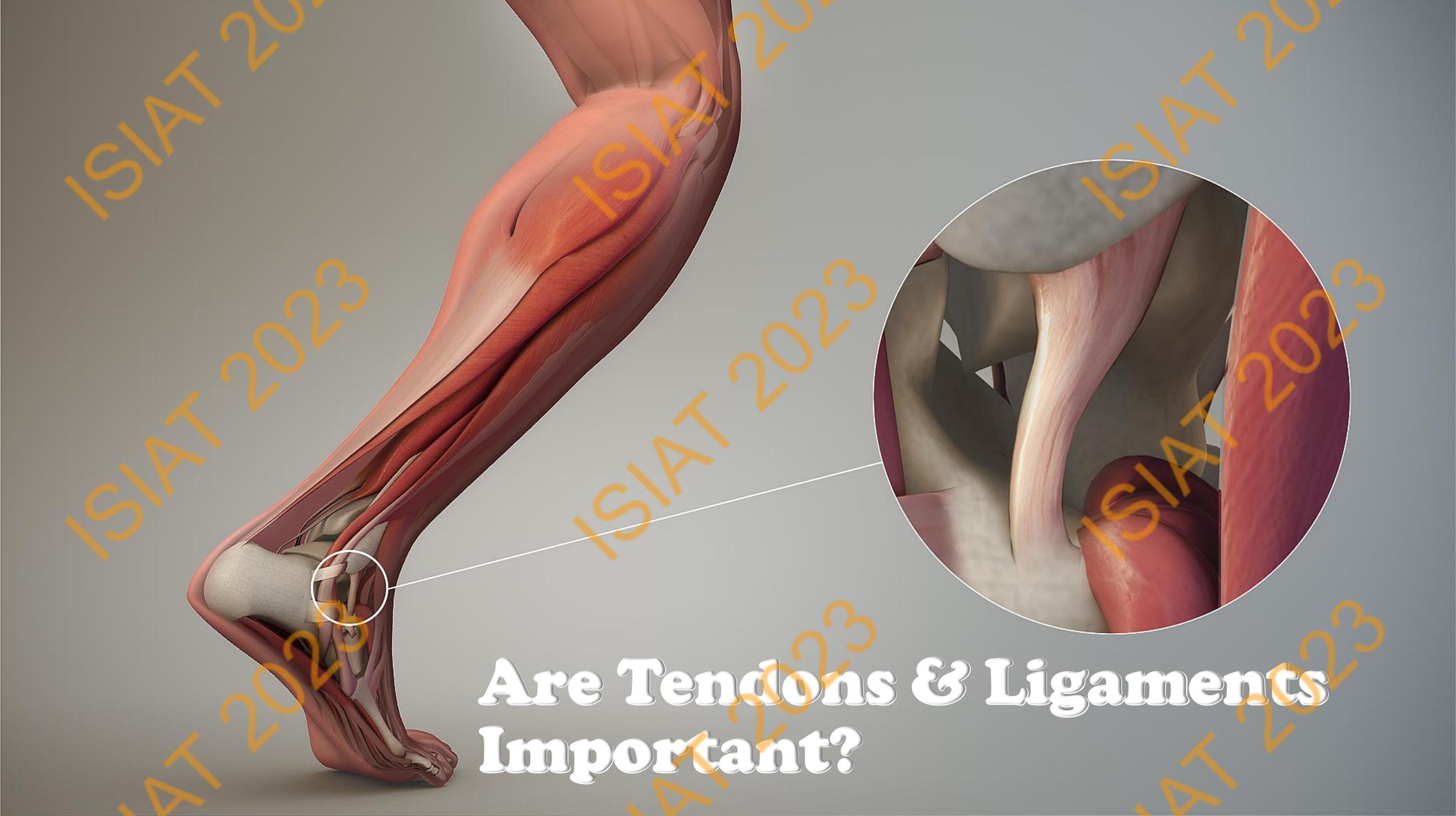


SOCIETÀ ITALIANA
G.U.I.D.A.
PER LA GESTIONE UNIFICATA E INTERDISCIPLINARE
DEL DOLORE MUSCOLO-SCHELETRICO E DELL'ALGODISTROFIA

EHOA Working Group

Creative approach is important!



An anatomical illustration of a human leg and foot, showing the muscles, tendons, and ligaments. A circular inset provides a magnified view of a specific tendon and ligament structure. The text "Are Tendons & Ligaments Important?" is displayed in a bold, white, serif font at the bottom of the image. A diagonal watermark "ISIAT 2023" is repeated across the image.

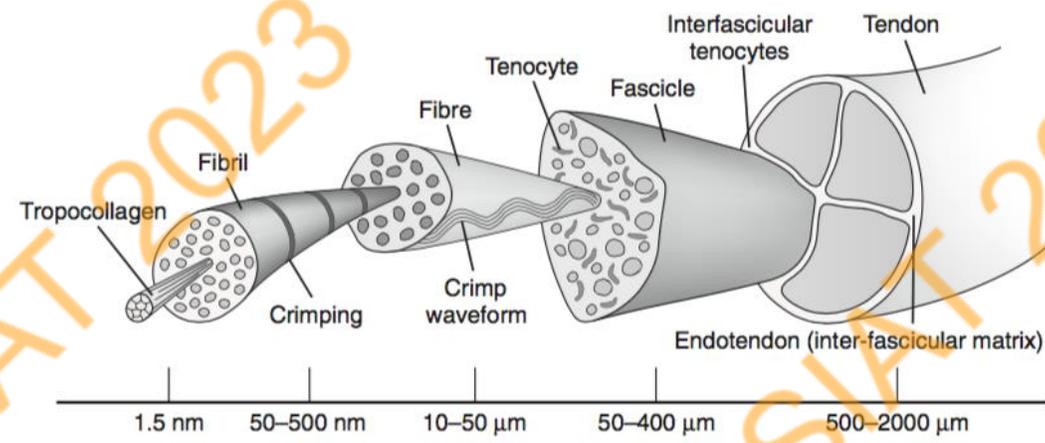
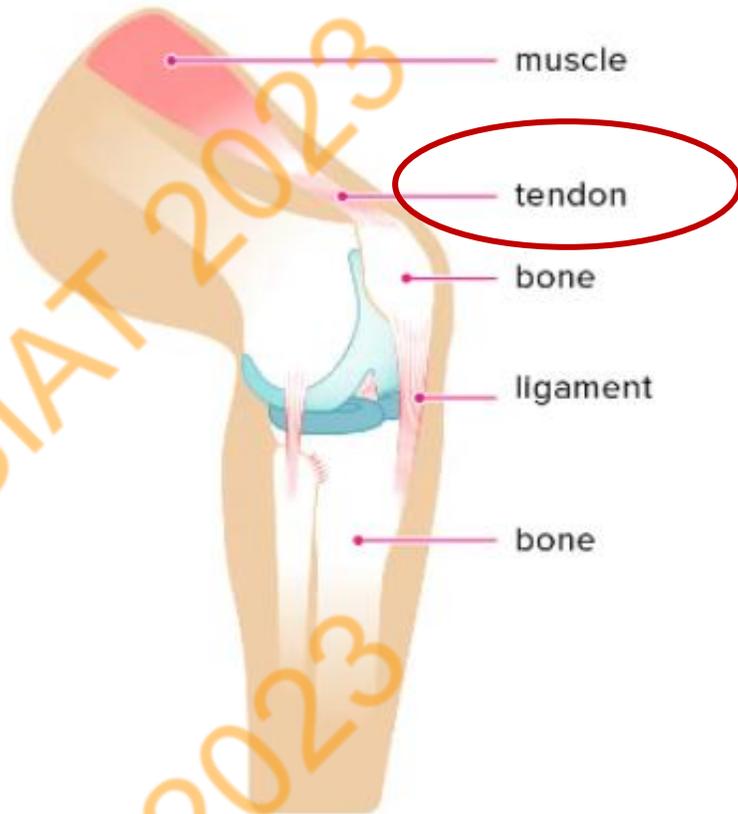
**Are Tendons & Ligaments
Important?**

Bosphorus Bridge

Istanbul



Tendon «A Mechanical Bridge»



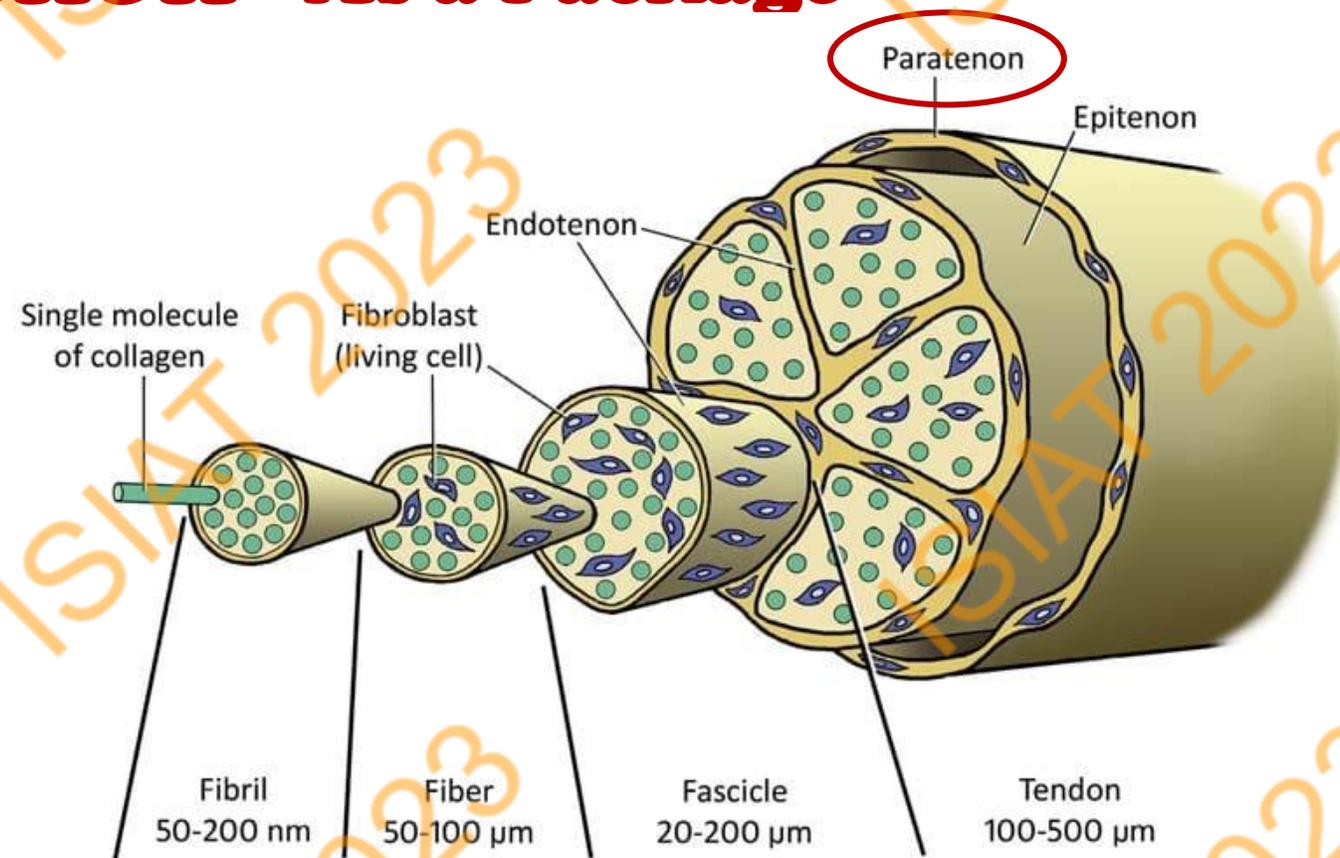
A tendon is a tough band of fibrous connective tissue that connects muscle to bone and is built to withstand tension.

Packages

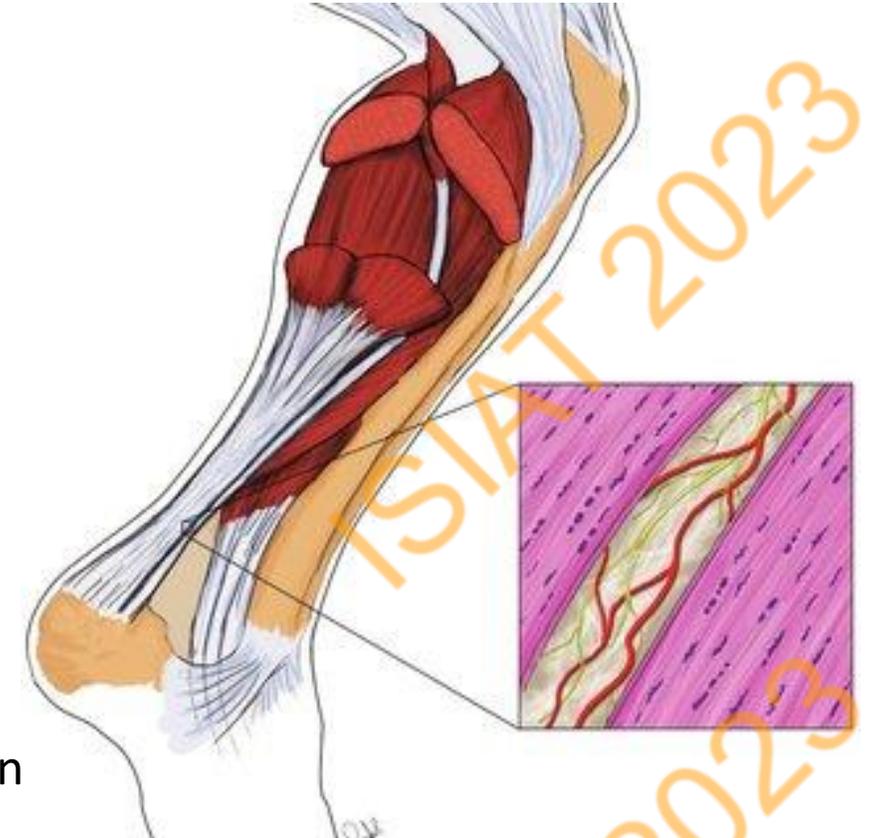
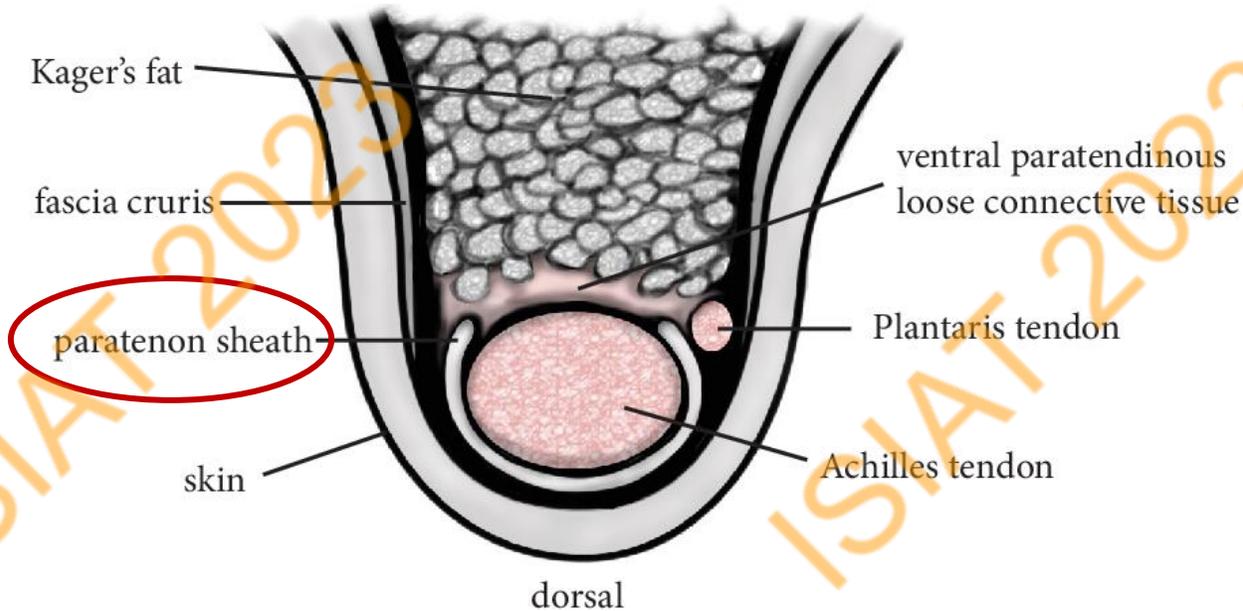


Paratenon «As a Package»

- Paratenon is made up of collagen fibrils of type I and III and of thin elastic fibers.
- It helps to reduce friction and works as a sort of elastic sleeve that allows the free movement of the tendon with respect to the surrounding structures.



Paratenon



The paratenon is more vascularized and innervated than the tendon, supporting the hypothesis that it is the origin of pain in tendinopathy.

What is Tendinopathy?



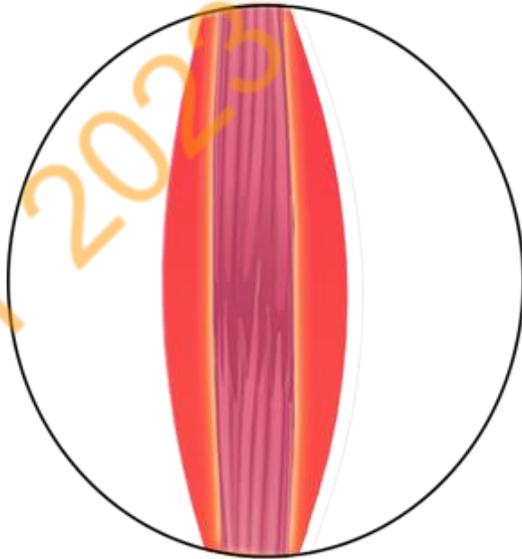
Inflammation?

Degeneration?



Tendinopathy

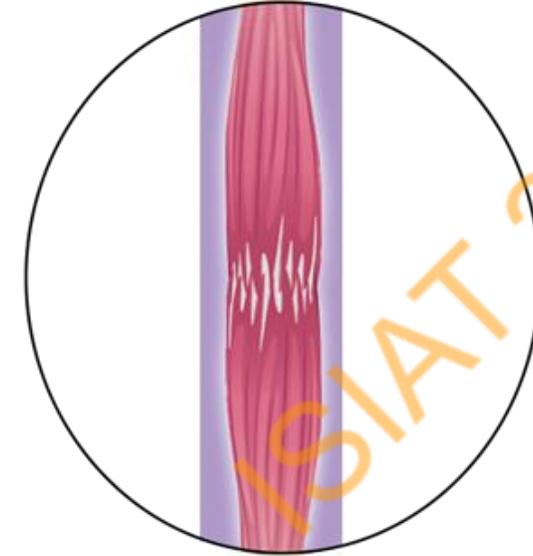
Tenosynovitis



Tendonitis



Tendinosis



- Neovascularization (Angiofibroblastic hyperplasia)
 - Matrix disorganization
 - Increased protein synthesis



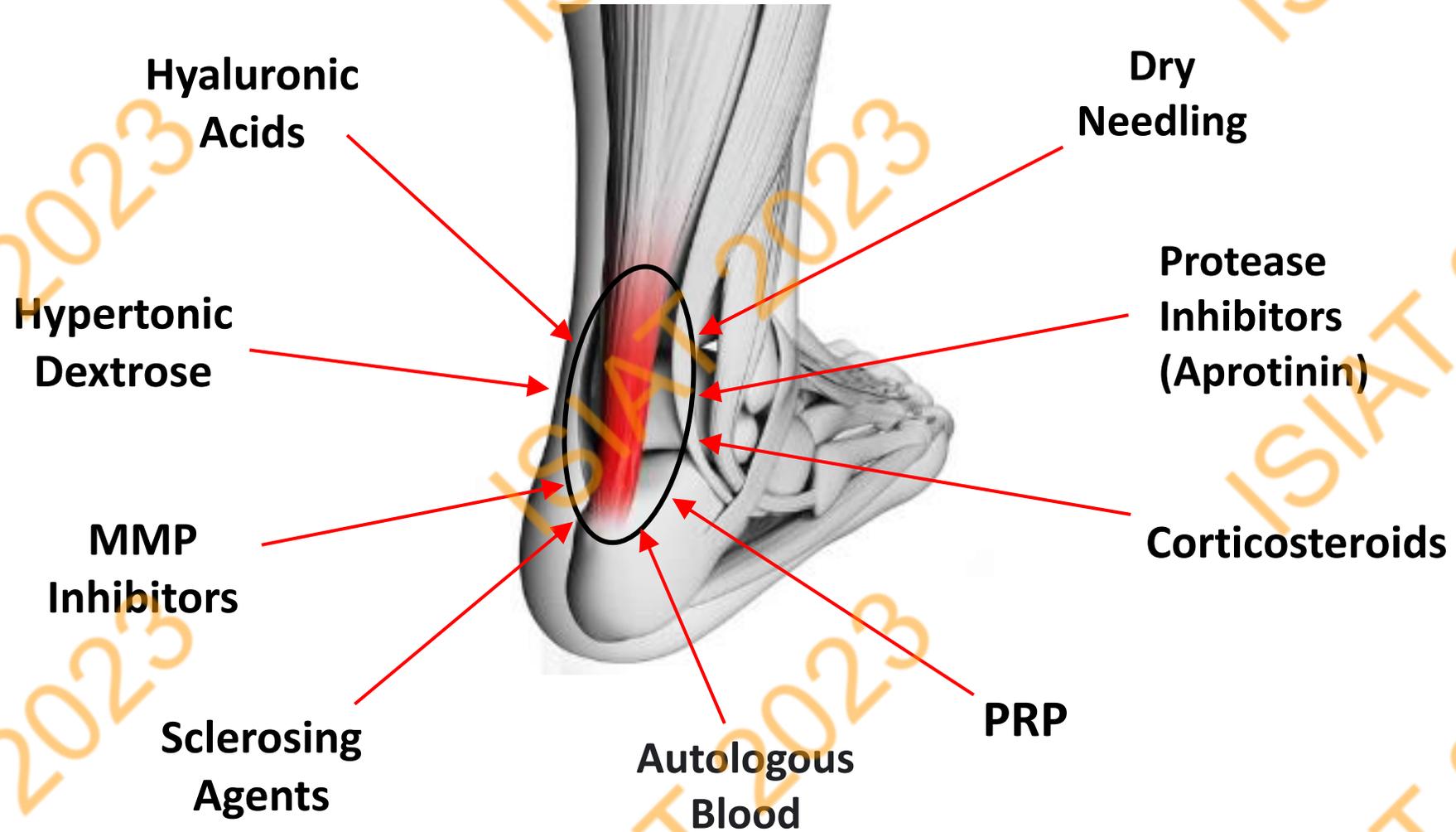
GÜNDOĞU
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SİYAHİ PEYNİR

İSLAT 2023

Peritendinous Injection Agents



<i>Treatment</i>	<i>Mode of Action</i>
Corticosteroid injection	Reduction of inflammation and other unknown effects (generally inhibitory of protein synthesis)
Hyaluronic acid	Lubricant and regulation of angiogenesis
Sclerosant injection	Blocks tendon blood flow (targets neovascularization and associated nerve in growth)
Autologous blood	Contains growth factors (e.g. transforming growth factor b and platelet-derived growth factor) that promote matrix synthesis and tissue repair
PRP	Contains concentrated growth factors (e.g. transforming growth factor b and platelet-derived growth factor) that promote matrix synthesis and tissue repair
Hyperosmolar dextrose (prolotherapy)	Healing by local inflammatory response
Extracorporeal shockwave treatment	Mechanical stimulation. Anti-inflammatory by effect on nitric oxide production.
Dry needling	Microtrauma and bleeding bringing inflammatory response

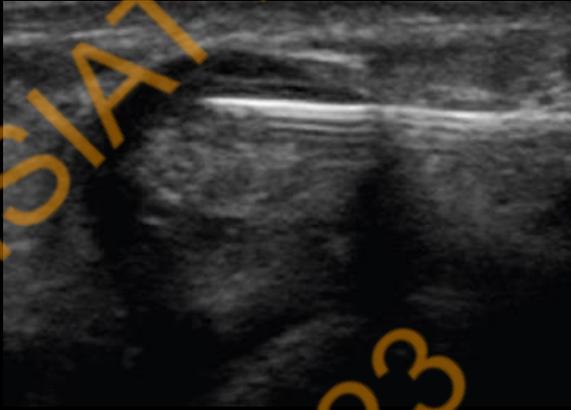
What About the Coctails?

- HA + PRP ?
- PRP + Stem Cells ?
- HA + Corticosteroids ?
- HA + Dextrose ?



Primum Non Nocere!





Ultrasound Guidance

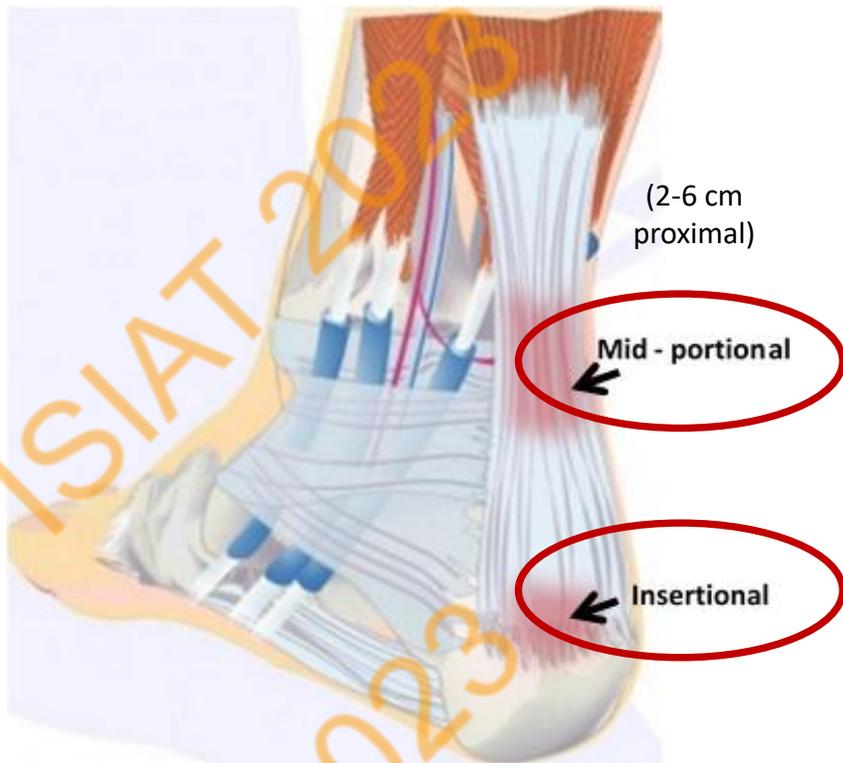
- ✓ Ultrasound is an indispensable guide for the periarticular injections
- ✓ In ultrasound-guided peritendinous injection, the "donut sign" can be seen, indicating a successful intrasheath injection
- ✓ A gradual distension in which the tendon is surrounded by the injected substance



Most Common Peritendinous Injections

- Achilles tendinopathy
- Patellar tendinopathy
- Lateral epicondylitis
- Biceps long head tendinopathy
- Iliopsoas tendinopathy
- Gluteus medius tendinopathy
- Distal biceps tendinopathy
-

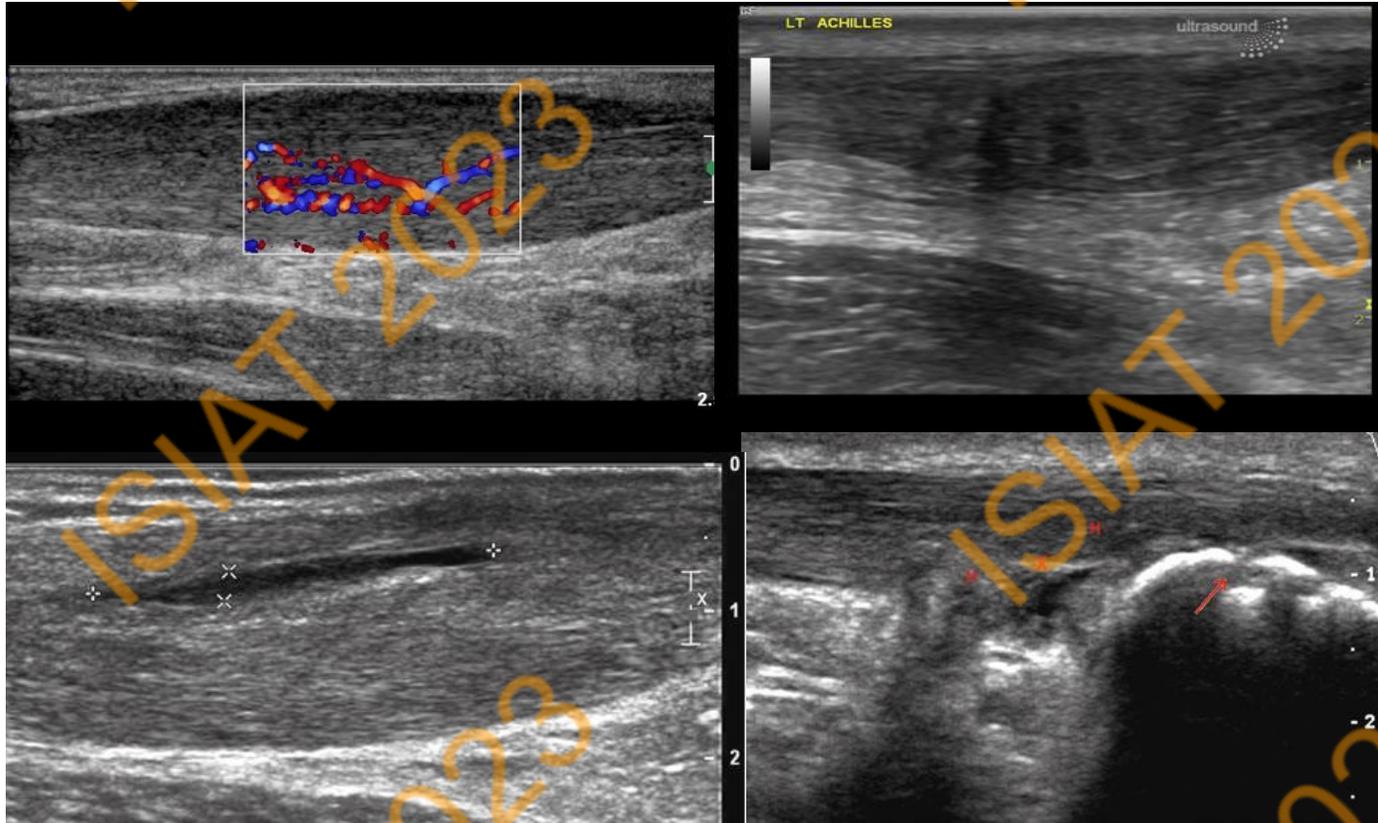
Achilles Tendinopathy



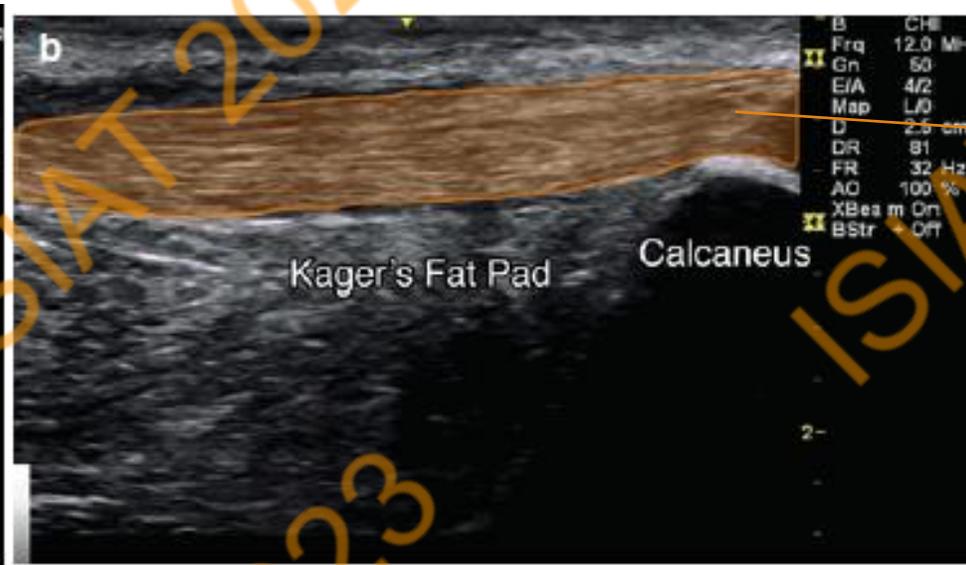
- Sensibility
- Pain after exercise
- Morning stiffness
- Swelling

Achilles Tendinopathy

Ultrasound View



- Thickening of the tendon
- Irregularities in the tendon structure
- Neovascularization (Doppler Us)



Achilles tendon

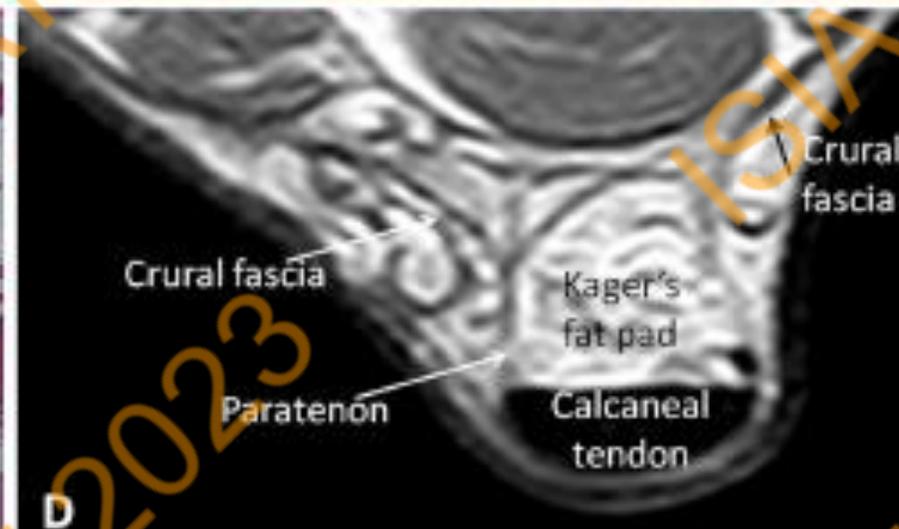
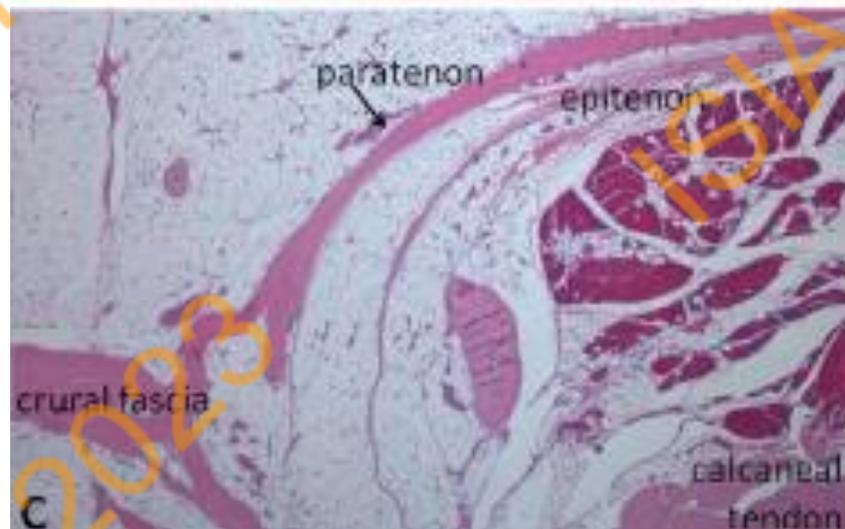
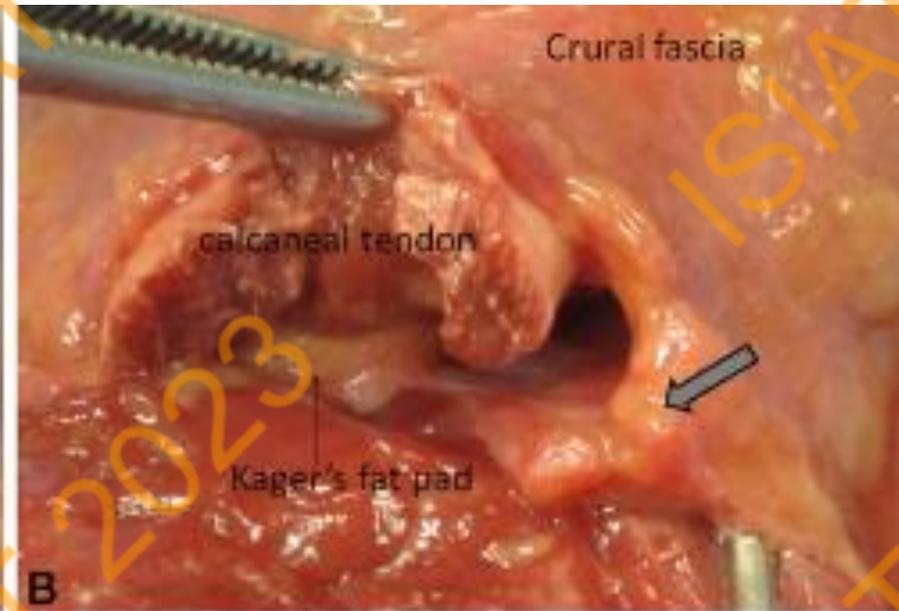
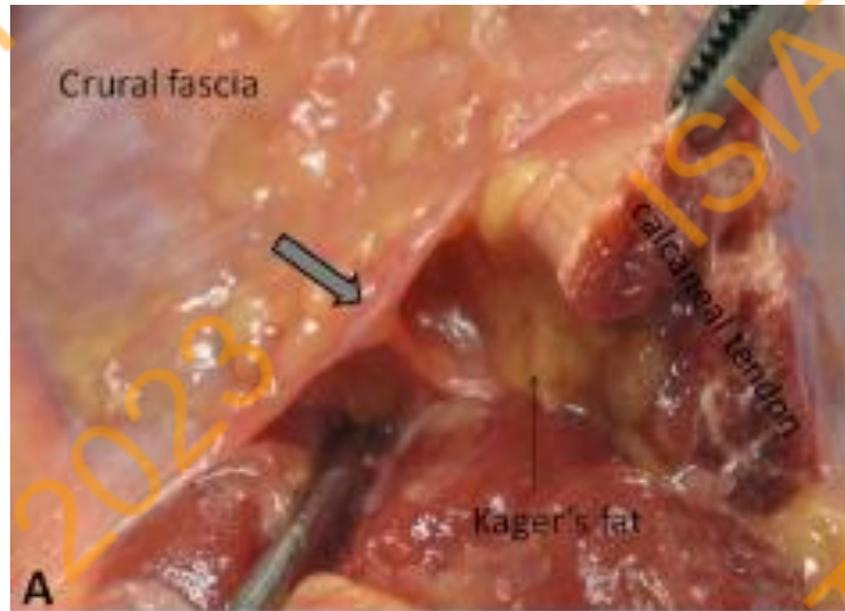
Sagittal view

Axial view

Tendinosis



Achilles tendon



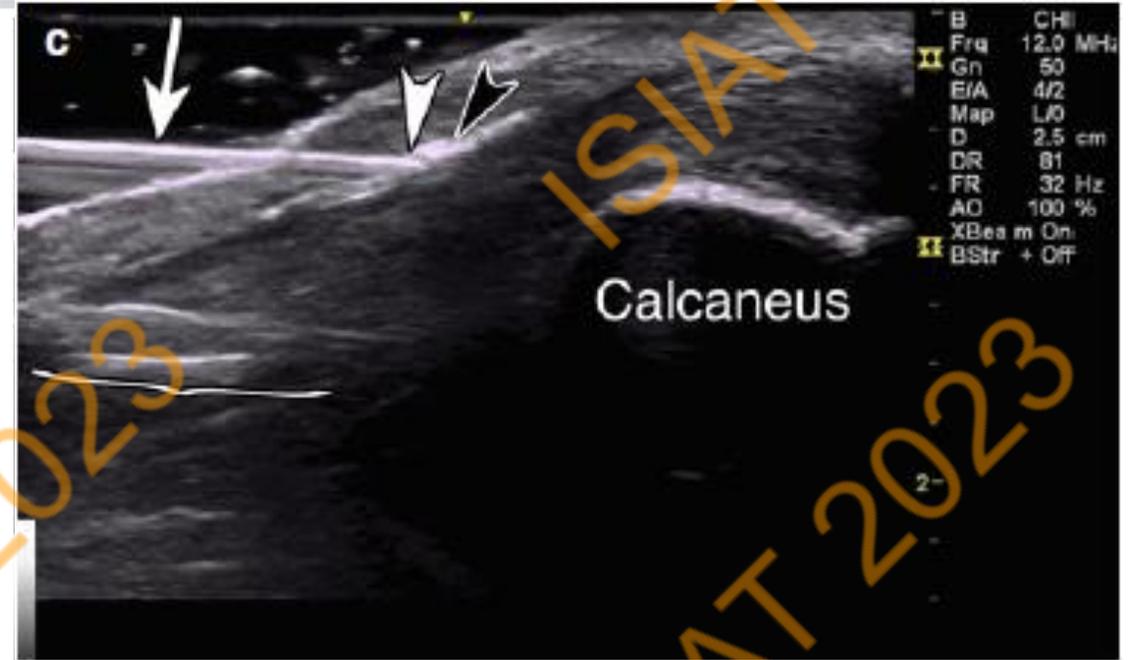
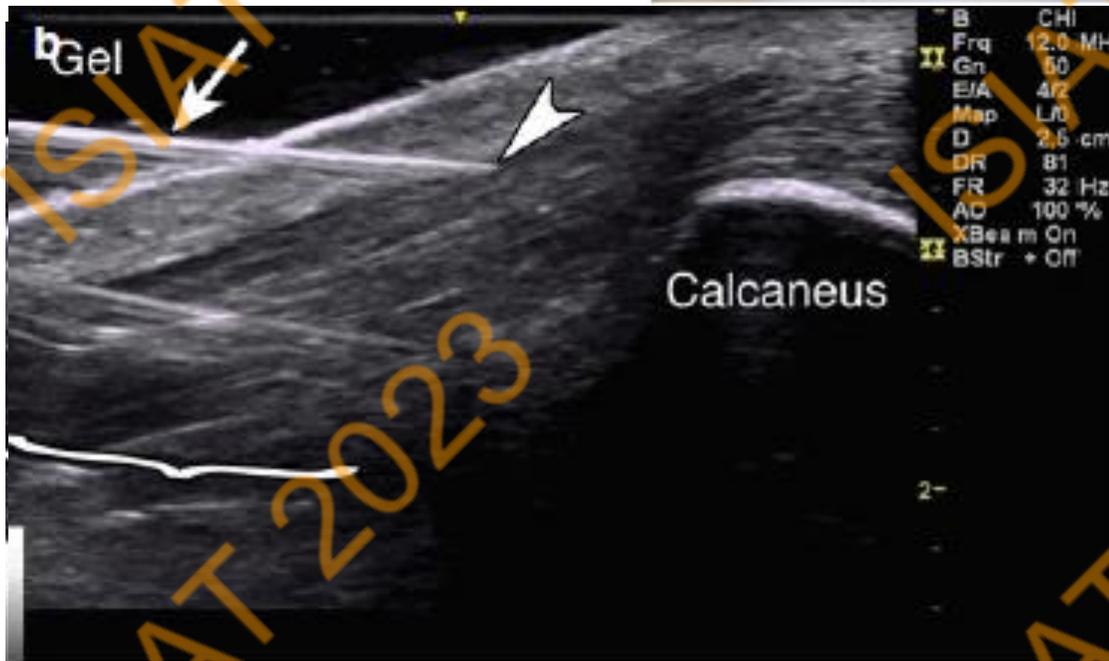
Stecco, Carla, et al. "The paratendineous tissues: an anatomical study of their role in the pathogenesis of tendinopathy." *Surgical and Radiologic Anatomy* 36.6 (2014): 561-572.

US-guided Peritendinous Injection Technique in Achilles Tendinopathy

Sagittal, In-plane Approach

- **Position:** Pron, feet away from the end of the table (Ankle dorsiflexion stretches the Achilles tendon and can reduce anisotropy.)
- **The probe** is inserted longitudinally to obtain images in the sagittal plane and scanned proximally and distally to look for focal thickening and/or fluid.
- **Needle tip:** 25G 1.5 inch
- **Needle position:** It is entered in-plane from proximal to distal or distal to proximal and advanced superficially.

- Sagittal
- In-plane



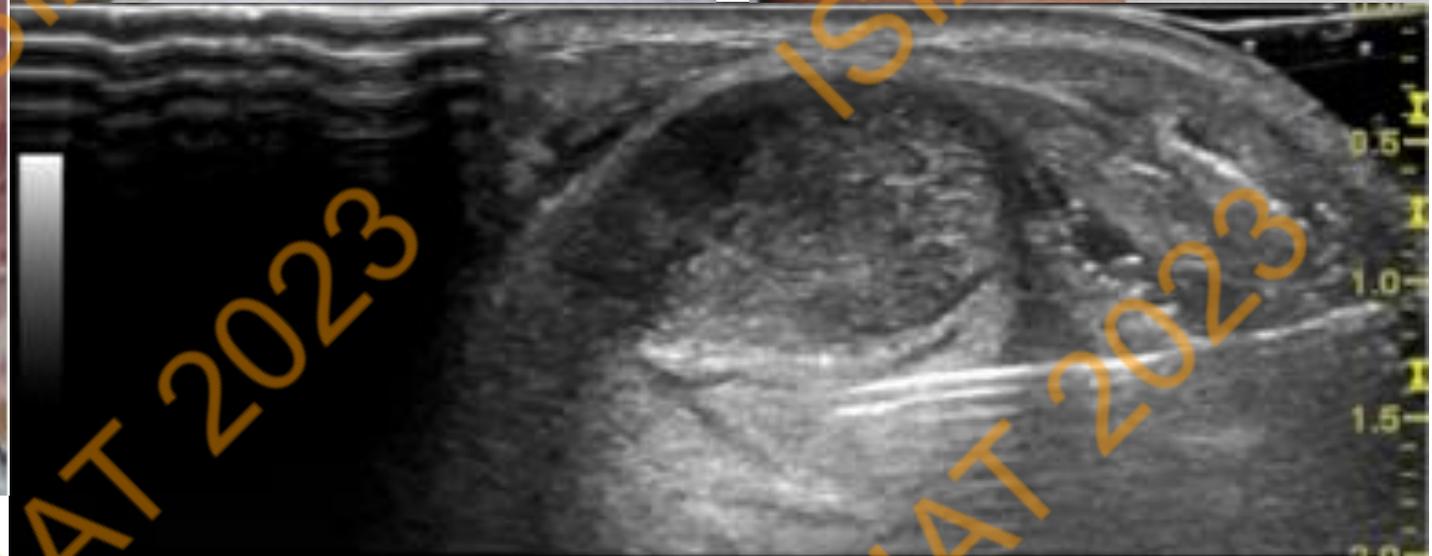
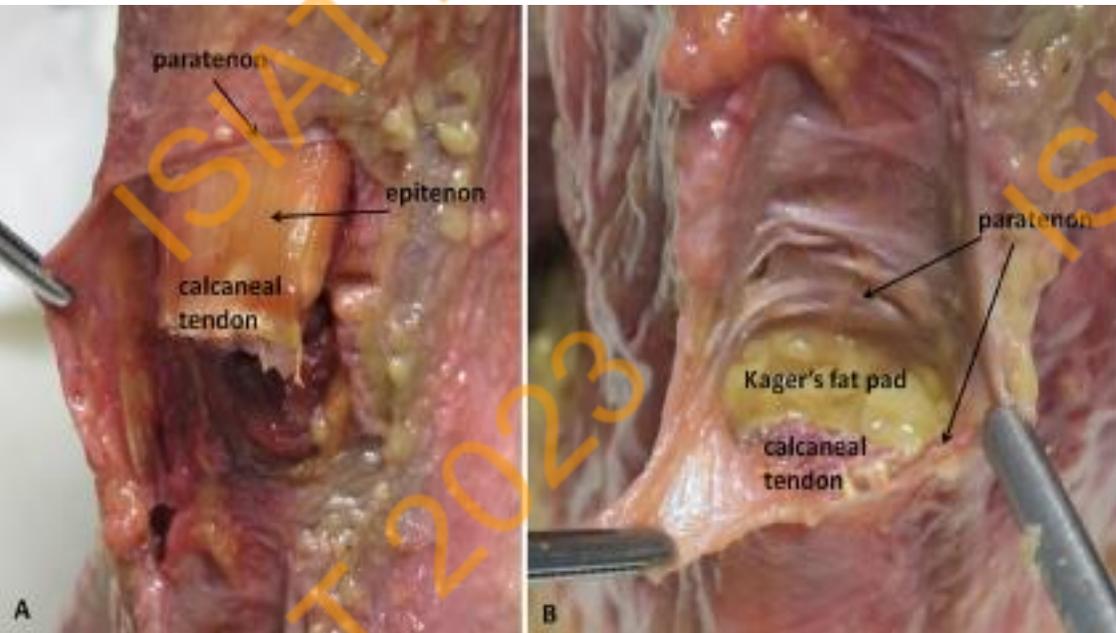
US-guided Peritendinous Injection Technique in Achilles Tendinopathy

Axial, In-plane Approach

- **Position:** Prone, feet hanging off the end of the table
- **Probe:** In the sagittal plane, the Achilles tendon is placed in the midline on the calcaneal attachment line and rotated 90° to obtain an image in the axial plane. Doppler is used to determine the surrounding vascular structures.
- **Needle tip:** 25G 1.5 inch
- **Needle position:** It is entered in-plane, medial or lateral.
- *In the lateral approach, it is necessary to avoid the sural nerve and prominent vessels.*

- Axial
- In-plane
- Medial

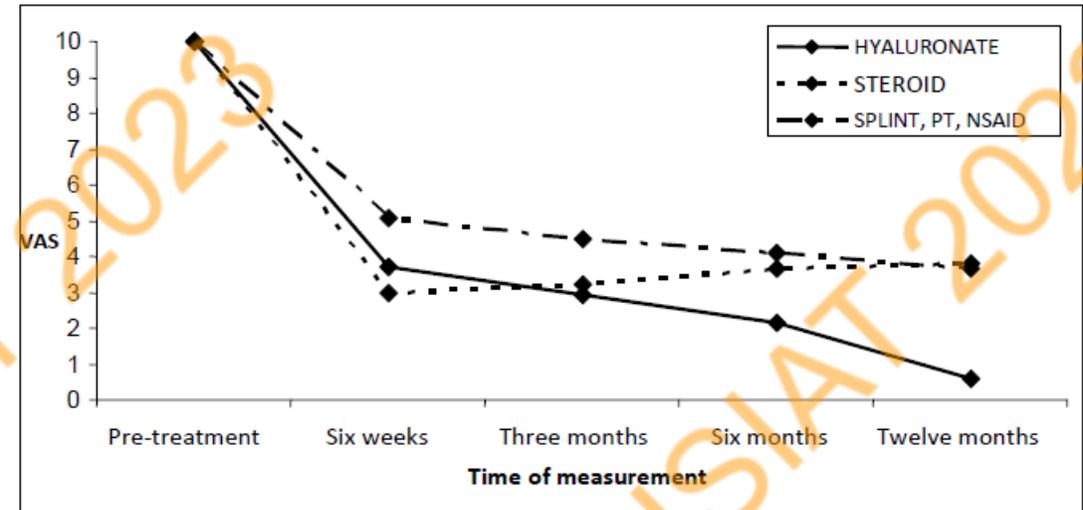
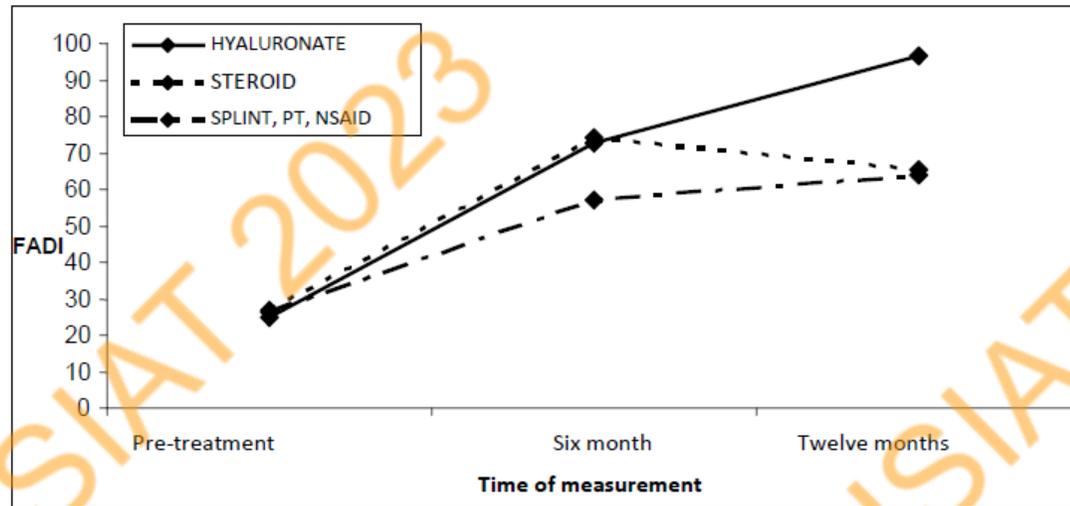
It is injected between Kager's fat pad and the anterior surface of the Achilles tendon.



Single Hyaluronate Injection in the Management of Insertional Achilles Tendinopathy in Comparison to Corticosteroid Injections and Non-invasive Conservative Treatments

Lauren Gorelick¹, Ayala Rozano-Gorelick², Anwar Saab², Edward Ram³

Gorelick L et al.; Scholars. Bull.; Vol-1, Iss-1(Jul, 2015):16-20



Insertional Achilles tendinopathy: 3 Groups

- 1- Single dose of peritendinous HA (40 mg/2mL + 10 mg mannitol)
- 2- Corticosteroid
- 3- Rest, splint, NSAID and physiotherapy

Hyaluronic acid treatment seems to be superior to corticosteroid treatment and non-invasive conservative treatments.

HA vs ESWT

Comparison of Peritendinous Hyaluronan Injections Versus Extracorporeal Shock Wave Therapy in the Treatment of Painful Achilles' Tendinopathy: A Randomized Clinical Efficacy and Safety Study

Nils Lynen, MD,^a Thierry De Vroey, MD,^b Imke Spiegel, MD,^a Frederik Van Ongeval, MD,^b Niels-Jan Hendrickx, MD,^b Gaëtane Stassijns, MD, PhD^{b,c}



In midportional Achilles tendinopathy;

Group 1: Peritendinous HA (2 sessions)
(40 mg/2mL + 10 mg mannitol)

Group 2: Standard ESWT treatment (3 session)

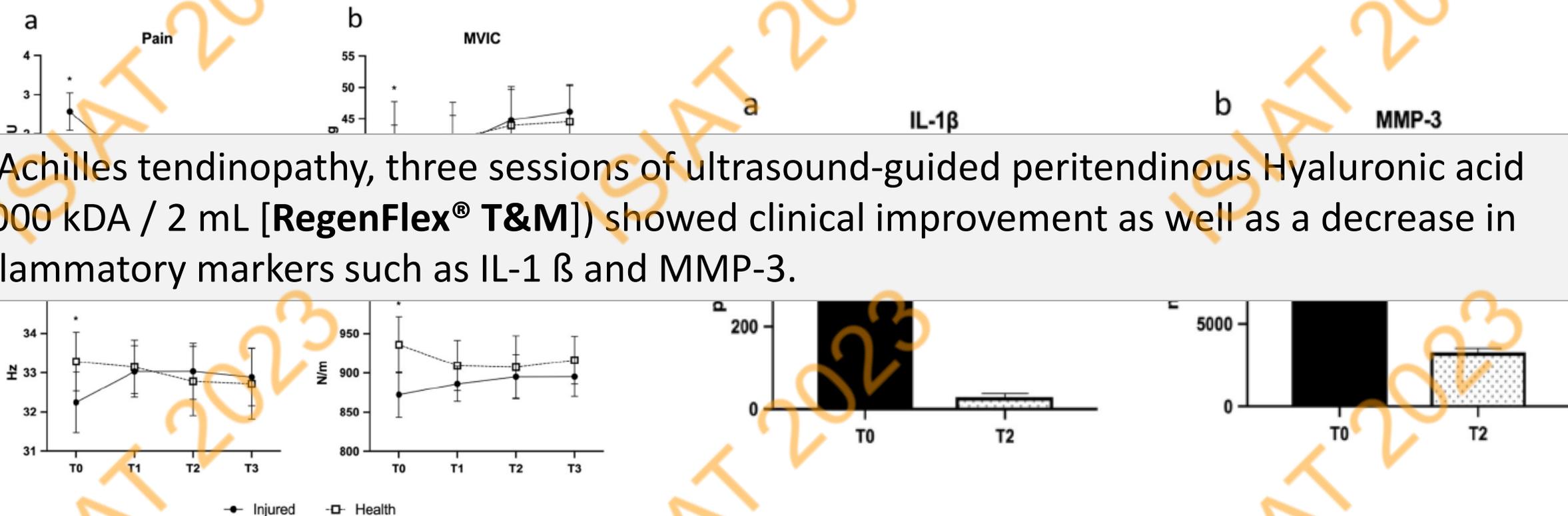
HA appears superior to ESWT.



Article J. Clin. Med. 2021, 10, 1397. <https://doi.org/10.3390/jcm10071397>

Treatment of Achilles Tendinopathy in Recreational Runners with Peritendinous Hyaluronic Acid Injections: A Viscoelastometric, Functional, and Biochemical Pilot Study

Marco Gervasi ^{1,*}, Elena Barbieri ^{1,2}, Italo Capparucci ¹, Giosuè Annibalini ¹, Davide Sisti ¹, Stefano Amatori ¹, Vittoria Carrabs ¹, Giacomo Valli ¹, Sabrina Donati Zeppa ¹, Marco Bruno Luigi Rocchi ¹, Vilberto Stocchi ¹ and Piero Sestili ¹



In Achilles tendinopathy, three sessions of ultrasound-guided peritendinous Hyaluronic acid (1000 kDA / 2 mL [**RegenFlex[®] T&M**]) showed clinical improvement as well as a decrease in inflammatory markers such as IL-1 β and MMP-3.



Article

Treatment of Achilles Tendinopathy in Recreational Runners with Peritendinous Hyaluronic Acid Injections: A Viscoelastometric, Functional, and Biochemical Pilot Study

Marco Gervasi ^{1,*}, Elena Barbieri ^{1,2}, Italo Capparucci ¹, Giosuè Annibalini ¹, Davide Sisti ¹, Stefano Amatori ¹, Vittoria Carrabs ¹, Giacomo Valli ¹, Sabrina Donati Zeppa ¹, Marco Bruno Luigi Rocchi ¹, Vilberto Stocchi ¹ and Piero Sestili ¹

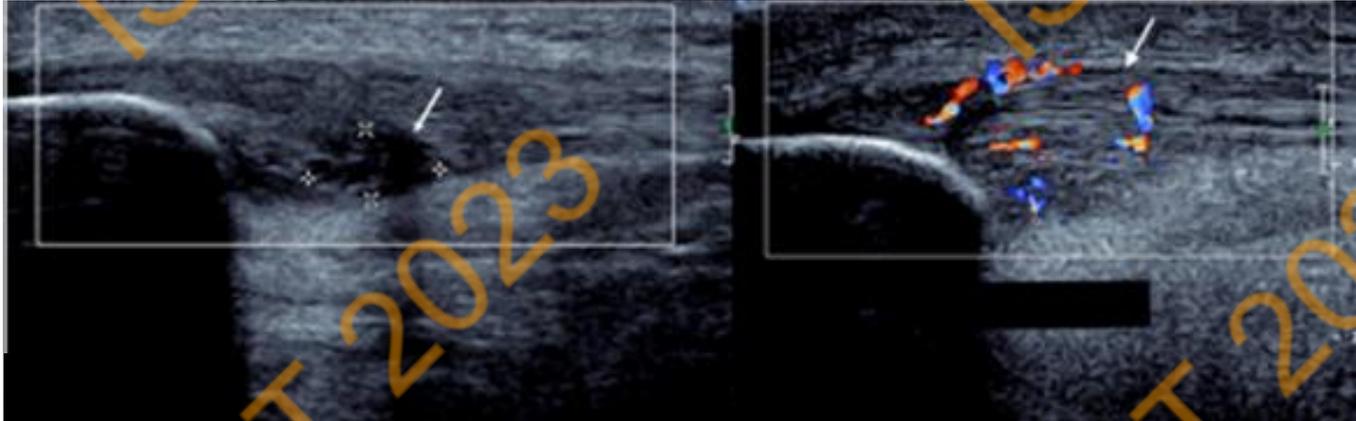
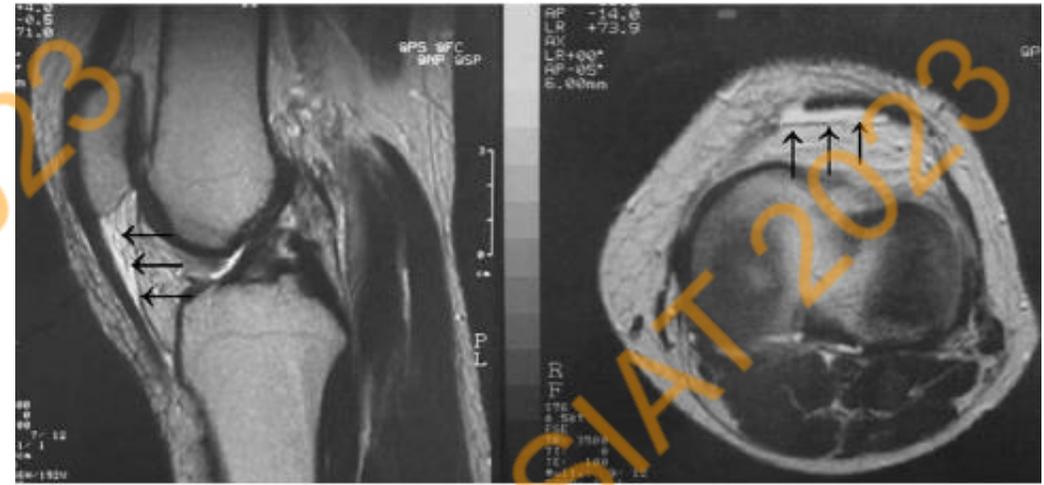
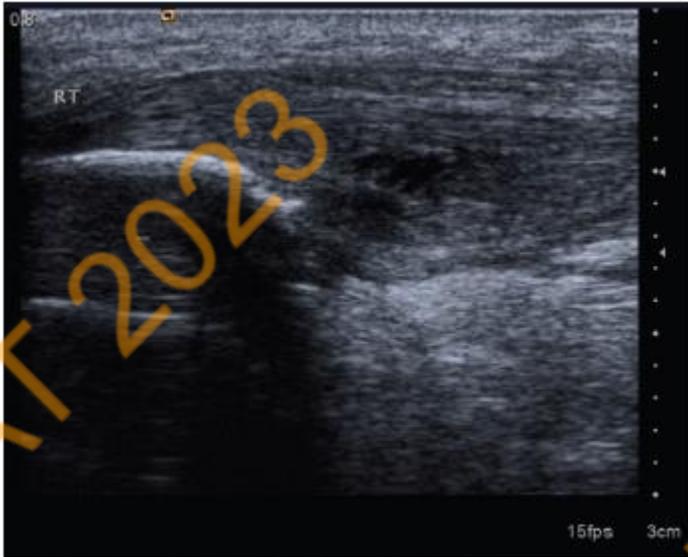
Hyaluronic acid could be a good option in the treatment of tendinopathies.

- Lubrication
- Up-regulation of VEGF and Type IV collagen
- Anti-inflammatory
- Anti-adhesion
- Analgesia

Patellar Tendinopathy (Jumper's knee)



- Pain with jumping, running, walking
- Tenderness/swelling in the lower part of the patella
- Athlete?



- Thickening of the tendon
- Irregularities in the tendon structure
- Neovascularization (Doppler Us)

Sagittal view



* knee flexed at 30°

Axial view

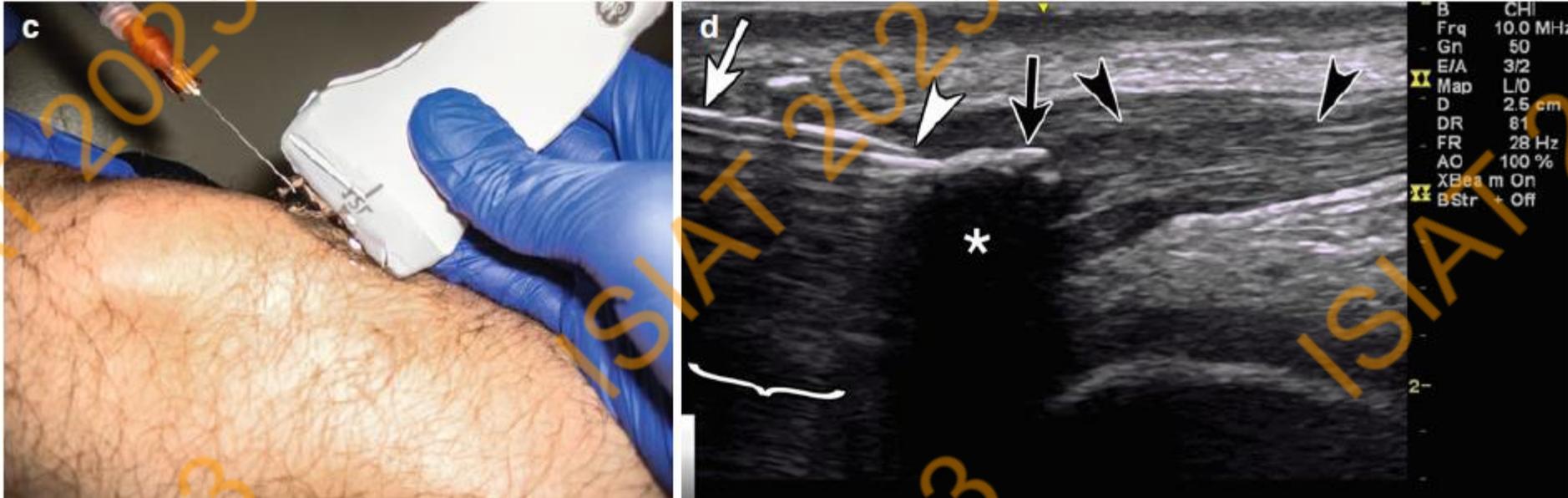


US-guided Peritendinous Injection Technique in Patellar Tendinopathy

Sagittal, In-plane Approach

- **Position:** Supine, knee at approximately 30° of flexion (pillow or rolled towel under the knee)
- **Probe:** It is placed on the lower pole of the patella to obtain images in the sagittal plane.
- **Needle tip:** 25G 1.5 inch
- **Needle position:** In-plane, oriented cranio-caudally at 45° to Hoffa's body

- Sagittal
- In-plane
- Cranio-Caudal

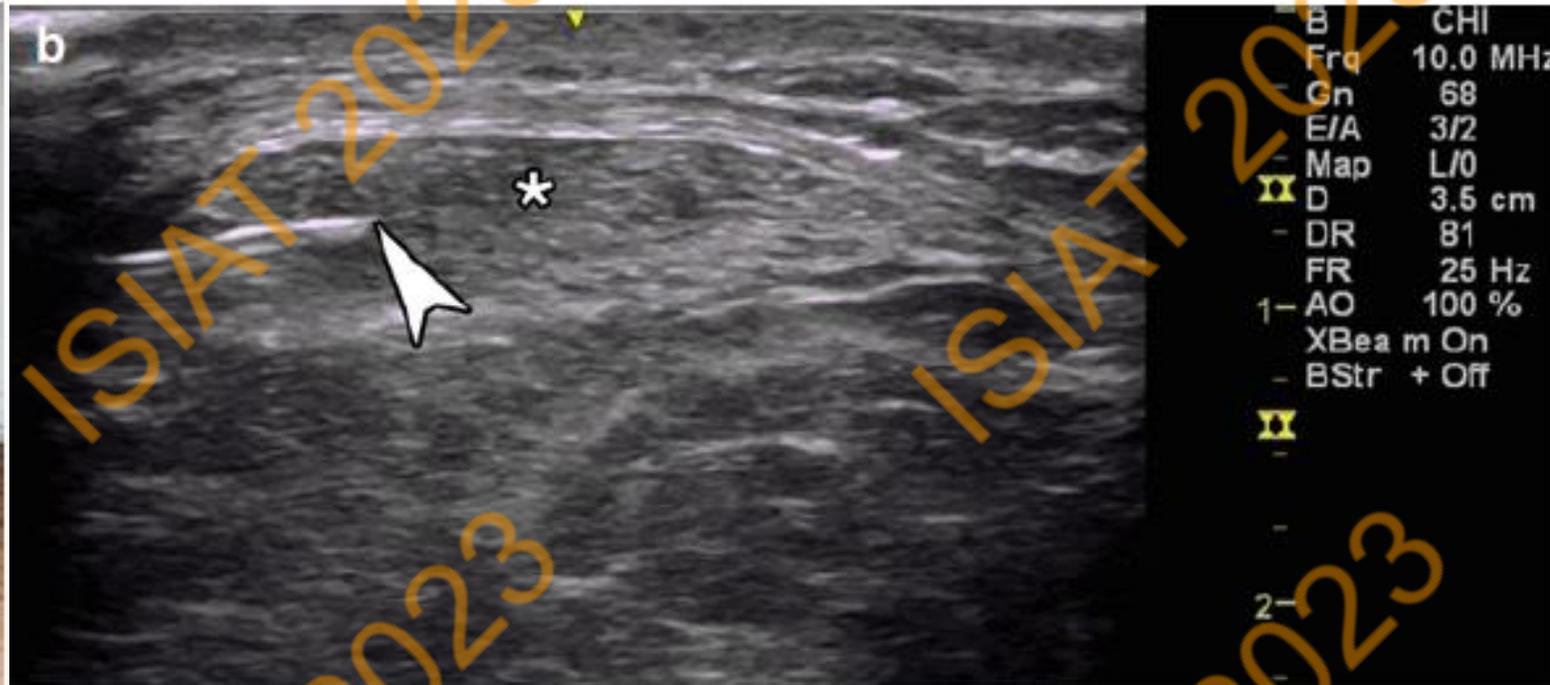


Us-guided Peritendinous Injection Technique in Patellar Tendinopathy

Axial, In-plane Approach

- **Position:** Supine, knee at approximately 30° of flexion (pillow or rolled towel under the knee)
- **Probe:** In the middle of the patella to obtain images in the axial plane
- **Needle tip:** 25G 1.5 inch
- **Needle position:** In-plane, it is directed from medial to lateral or lateral to medial, targeting the tendinosis area.

- Axial
- In-plane
- Lateral



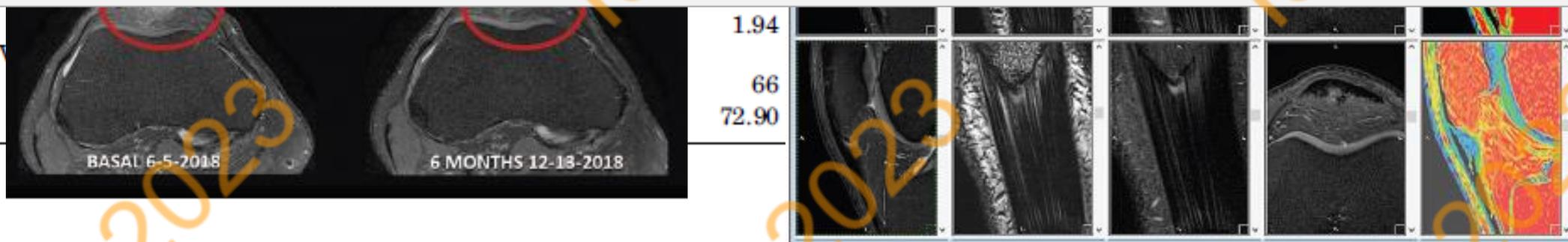
Effect of Autologous Expanded Bone Marrow Mesenchymal Stem Cells or Leukocyte-Poor Platelet-Rich Plasma in Chronic Patellar Tendinopathy (With Gap >3 mm)

Preliminary Outcomes After 6 Months of a Double-Blind, Randomized, Prospective Study

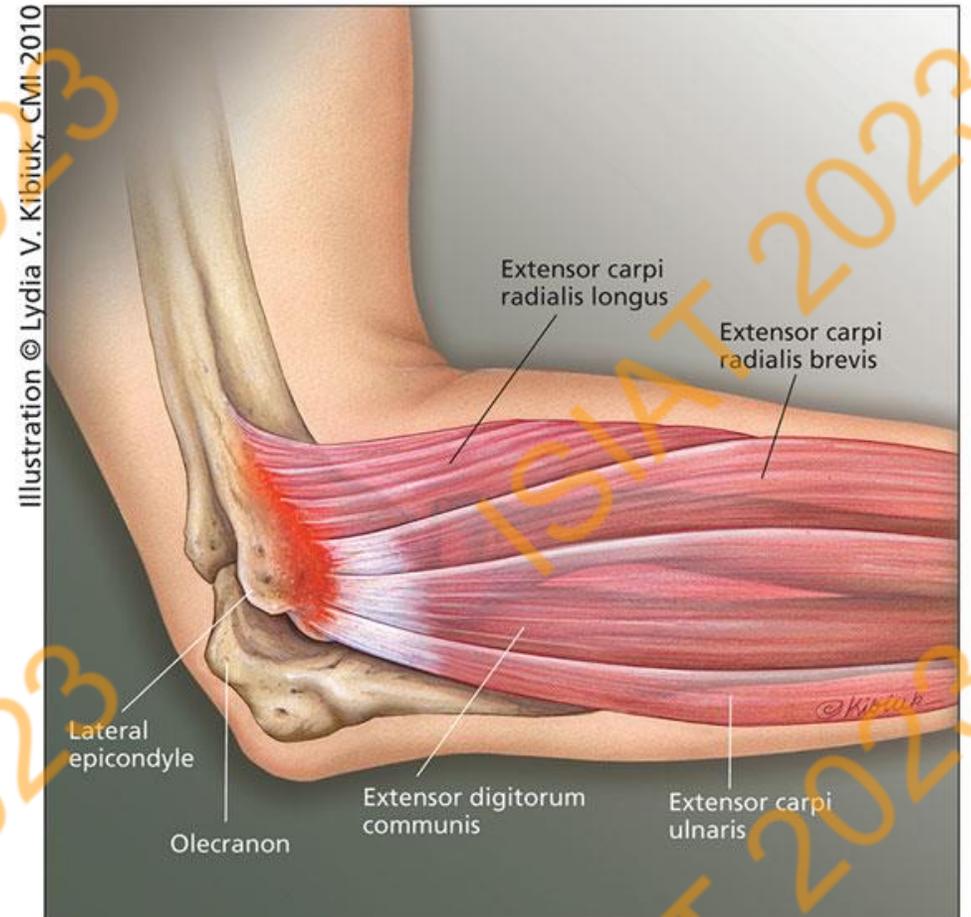
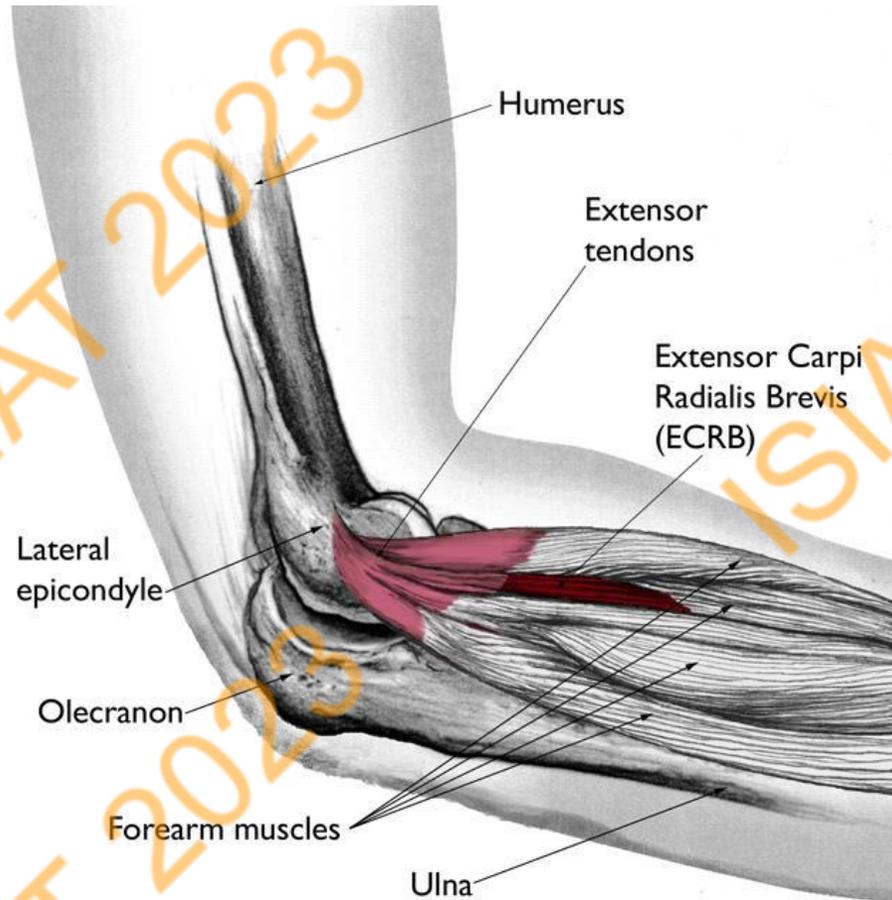
Gil Rodas,^{*†} MD, MS, PhD, Robert Soler-Rich,^{‡§} MD, MS, Joan Rius-Tarruella,[‡] MD, MBA, Xavier Alomar,^{||} MD, MS, Ramon Balius,[¶] MD, MS, PhD, Lluís Orozco,[‡] MD, MS, PhD, Lorenzo Masci,[#] MD, MS, PhD, and Nicola Maffulli,^{**††‡‡} MD, MS, PhD
Investigation performed at Institut de Teràpia Regenerativa Tissular, Centro Médico Teknon, Barcelona, Spain



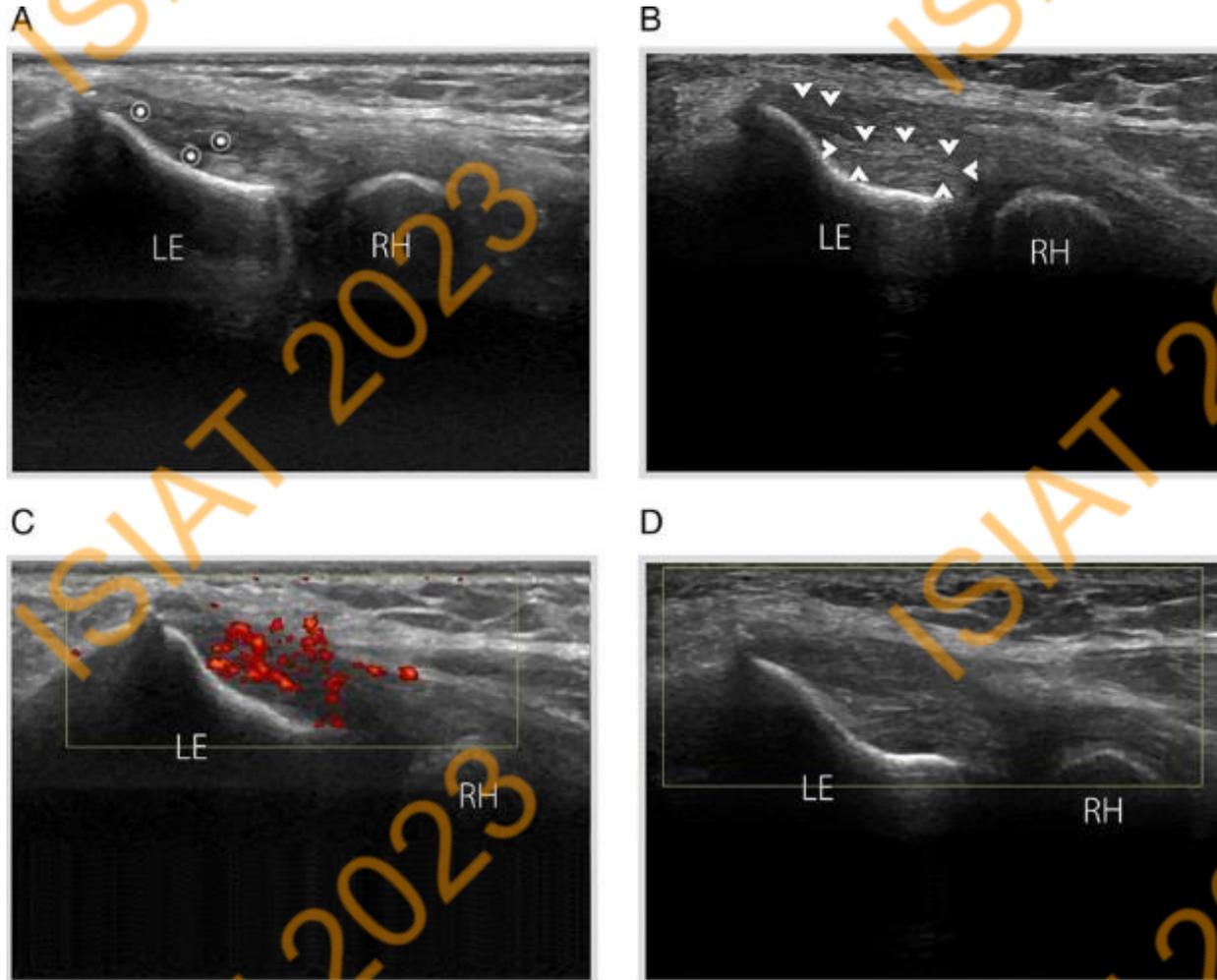
Both treatments were found to be effective in reducing pain and improving activity levels, BM-MSC treatment was more effective in improving tendon structure (regeneration).



Lateral Epicondylitis (Tennis Elbow)

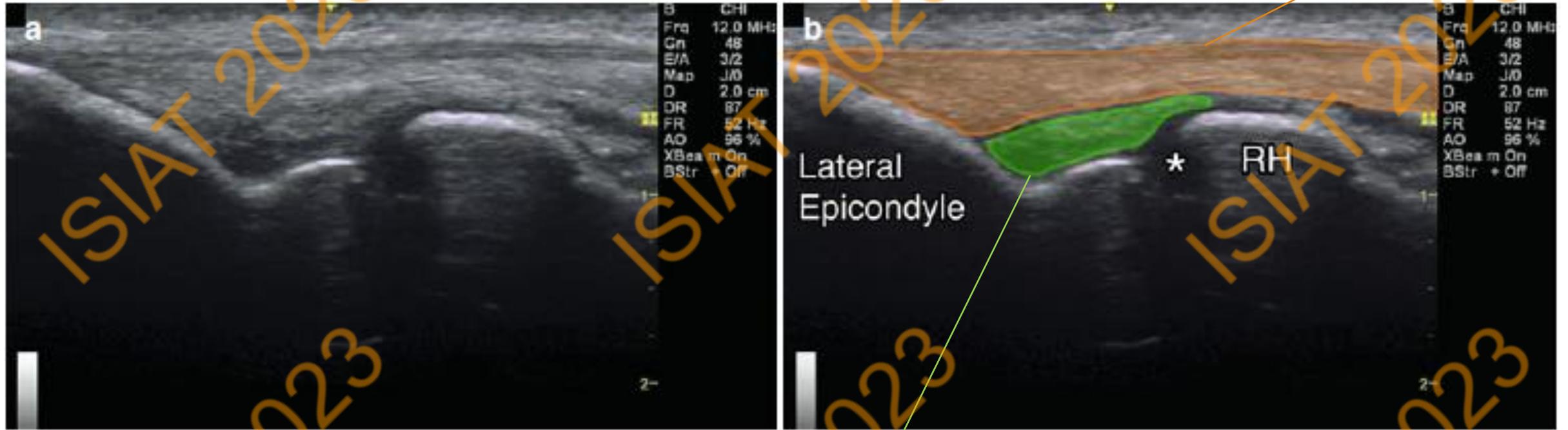


Lateral Epicondylitis (Tennis Elbow)



- Repeated use and microtrauma
- Pain on resisted wrist extension and grip,
- Tenderness over the lateral epicondyle
- Decreased grip, supination, and wrist extension muscle strength

Coronal view



Common extensor tendons

Lateral Epicondyle

* RH

Radial collateral ligament

*RH: Radius head

Us-guided Peritendinous Injection Technique in Lateral Epicondylitis

Long Axis, In-plane Approach

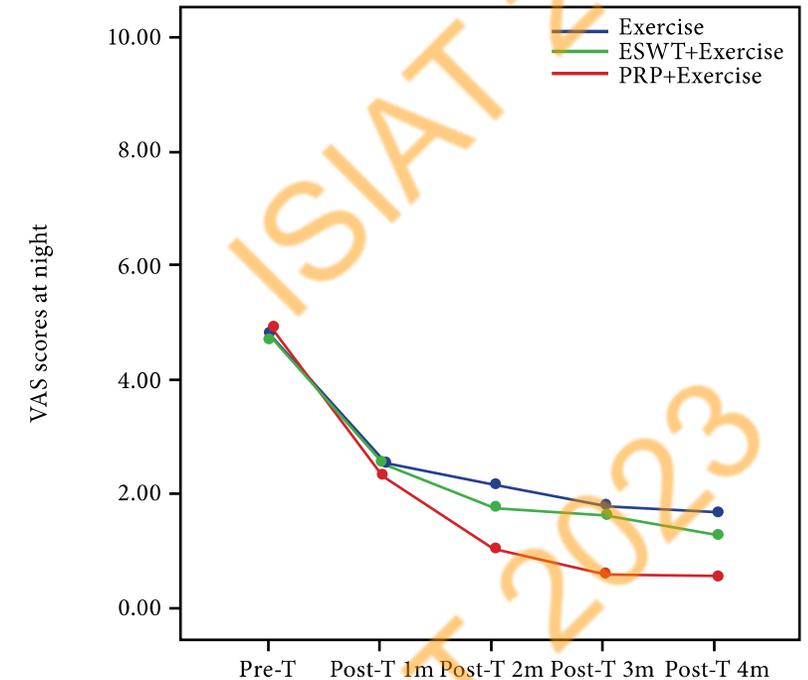
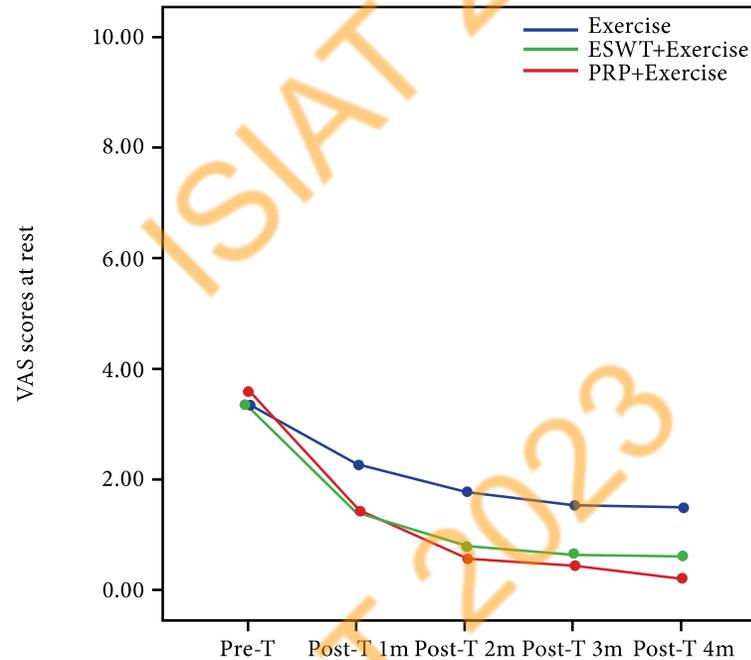
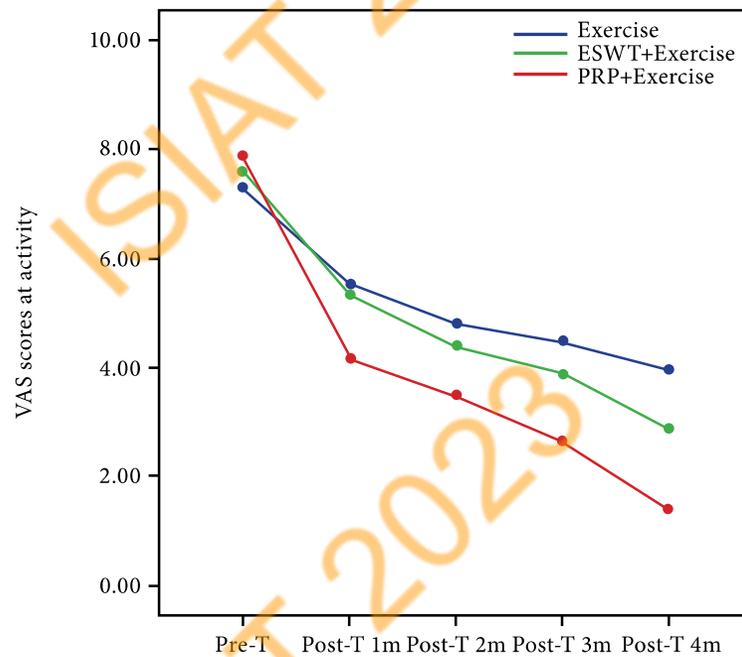
- **Position:** Supine, arm in internal rotation and elbow flexed (or sitting position with arm placed on table with elbow at 20-40° flexion)
- **Probe:** Longitudinal (coronal) on lateral epicondyle
- **Needle tip:** 25G 1.5 inch
- **Needle position:** Placed proximal to distal or distal to proximal parallel (in-plane) to the transducer. For peritendinous injection, the needle is held above or below the tendon
- *Note the radial and posterior interosseous nerves and the lateral collateral ligament complex!*

- Long axis
- In-plane
- Distal to proximal



Comparison of platelet-rich plasma and extracorporeal shock wave therapy in patients with chronic lateral epicondylitis: A prospective, randomized-controlled study

Tuğba Şahbaz¹, Cansın Medin Ceylan², Başak Çiğdem Karacay³, Merve Damla Korkmaz¹, Demirhan Dıracoğlu⁴



Efficacy and safety of hyaluronic acid (500-730kDa) Ultrasound-guided injections on painful tendinopathies: a prospective, open label, clinical study

Marco Fogli¹
Nicola Giordan²
Gianni Mazzone¹

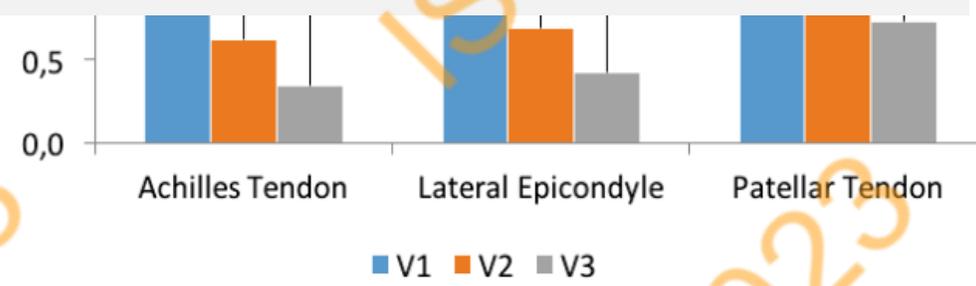
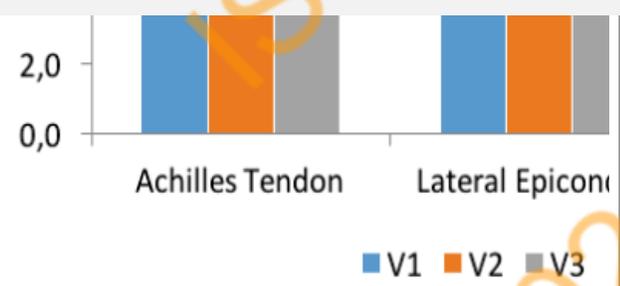
10,0
VAS

14,0
Tendon thick

3,0
Vascularization

Ultrasound-guided injections (3 sessions)

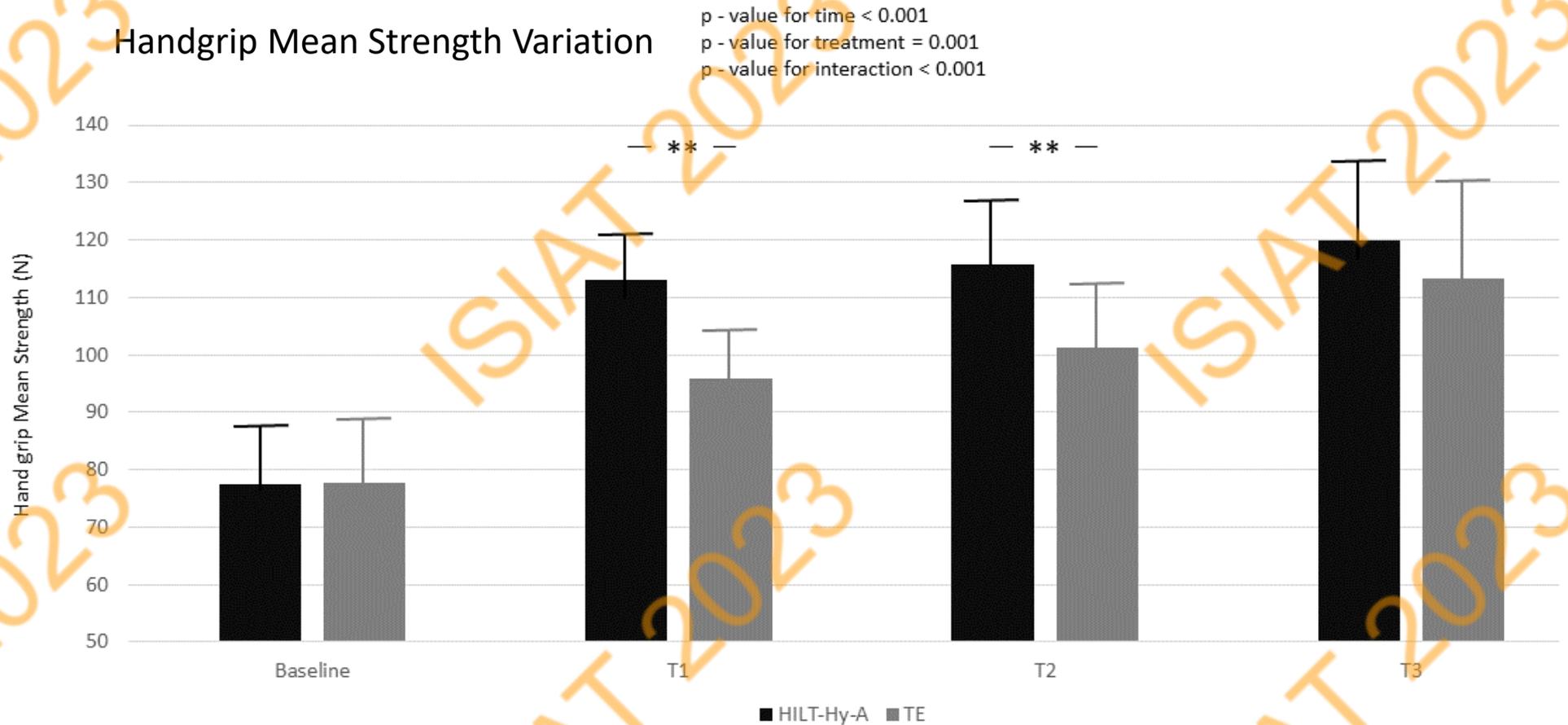
A significant improvement in pain, tendon thickness and neovascularization.



Article

Effectiveness of High-Intensity Laser Therapy Plus Ultrasound-Guided Peritendinous Hyaluronic Acid Compared to Therapeutic Exercise for Patients with Lateral Elbow Tendinopathy

Raffaello Pellegrino¹, Teresa Paolucci², Fabrizio Brindisino³, Paolo Mondardini⁴, Angelo Di Iorio^{5,*}, Antimo Moretti⁶ and Giovanni Iolascon⁶



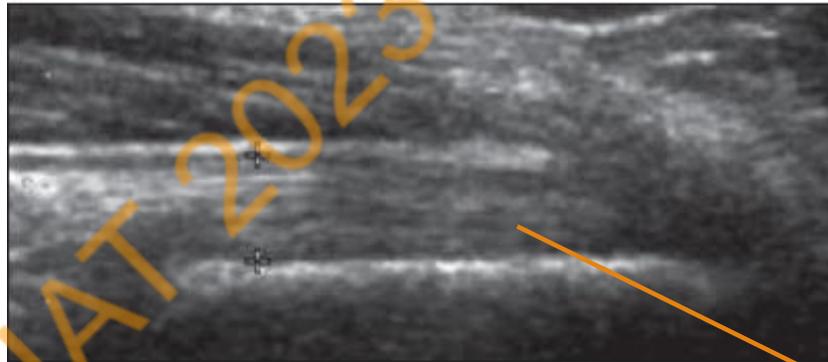
Creative approach is important!



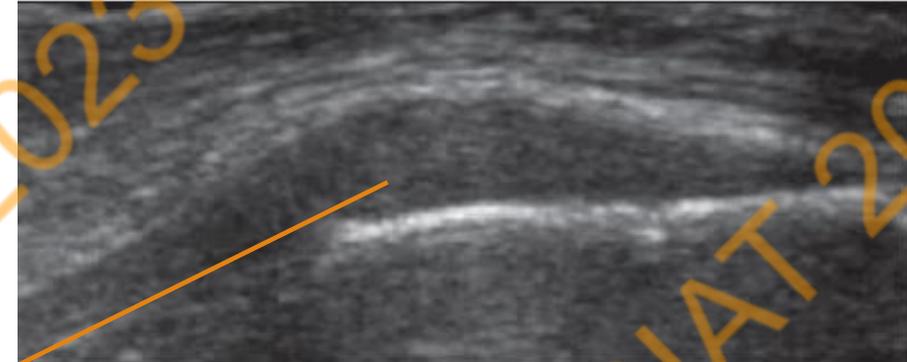
Gluteus Medius Tendinopathy “Greater Trochanteric Pain Syndrome”



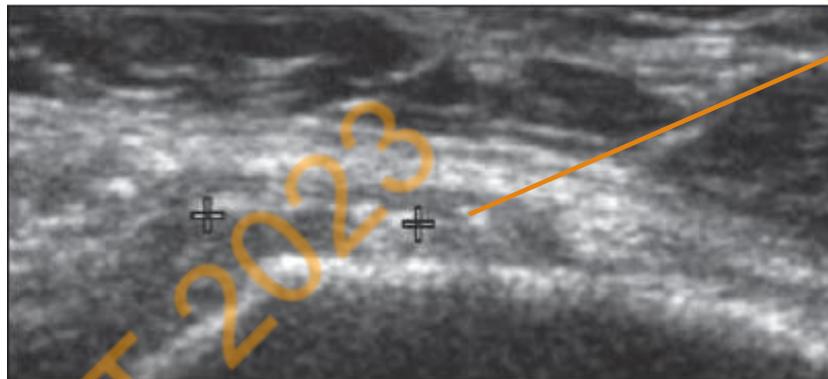
- Lateral hip pain
- Pain with resistant hip abduction
- Often with trochanteric bursopathy
- Associated with obesity



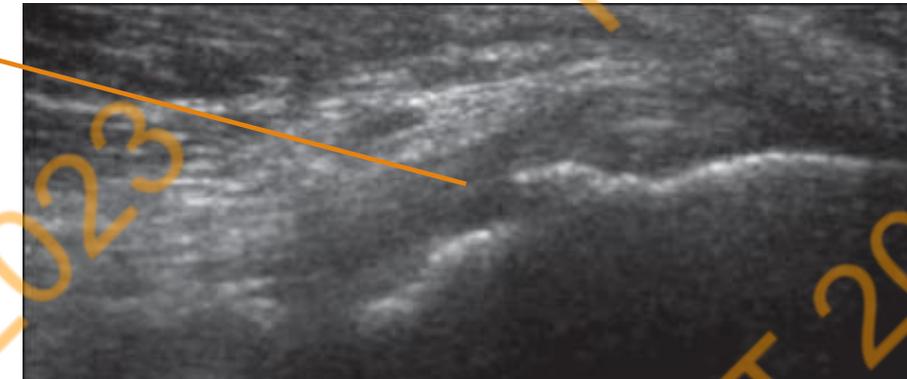
Hyperechoic fibrillar pattern,
normal tendon



Tendon hypoechogenicity, loss of normal
fibrillar pattern



Intratendinous calcifications

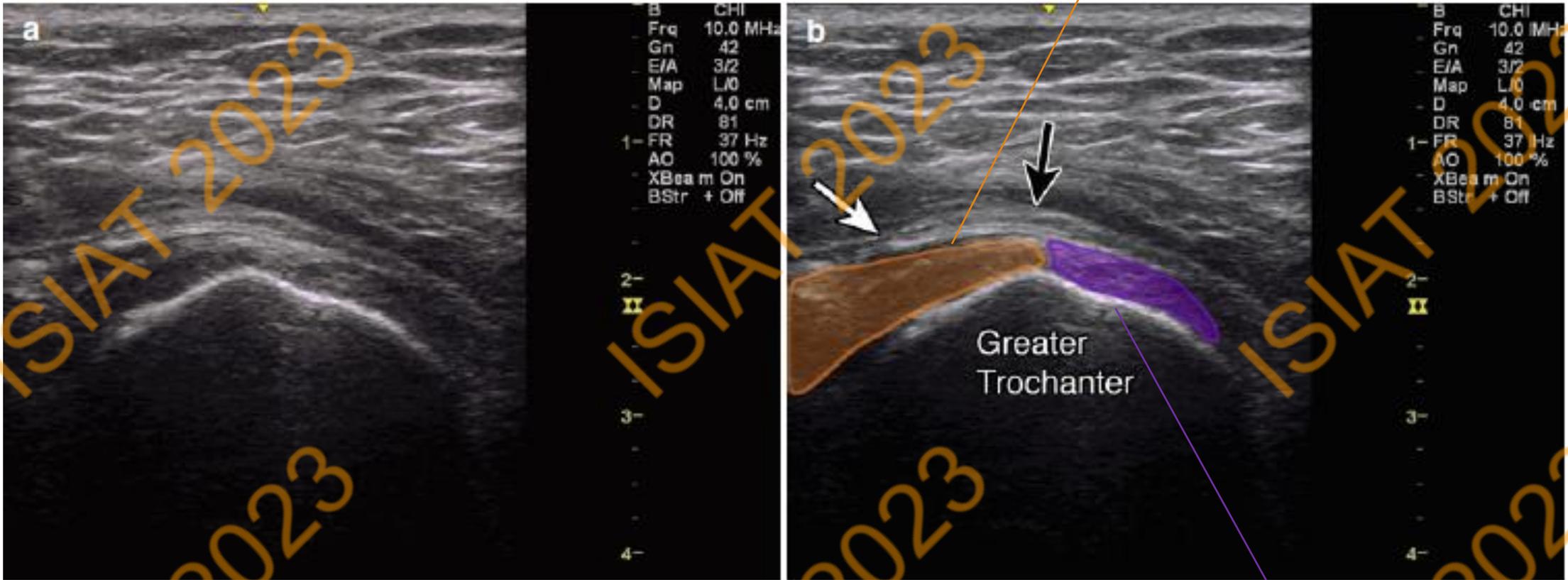


Enthesophytes, cortical irregularities

Gluteus medius
tendon

Transvers view

Gluteus medius
(attaches to lateral facet)



Greater Trochanter

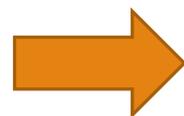
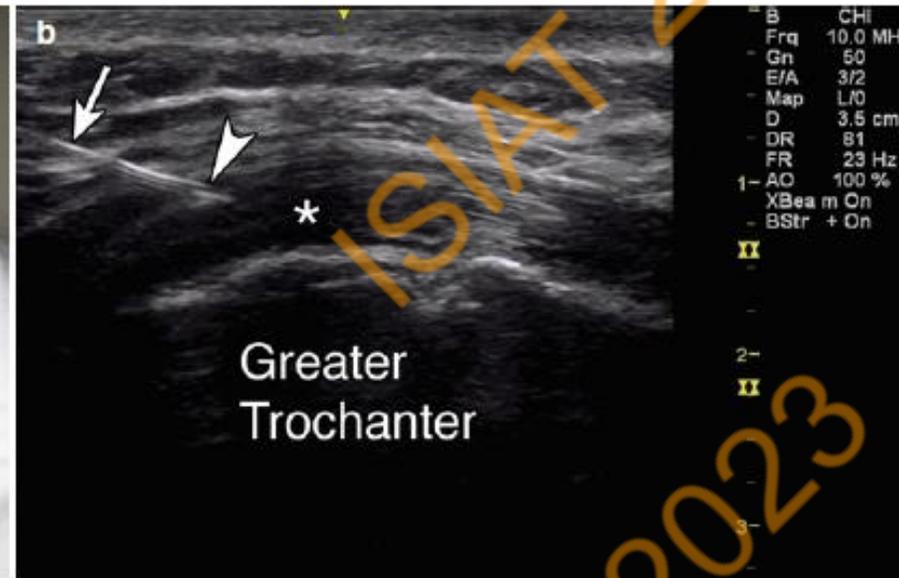
Iliotibial tract

Us-guided Peritendinous Injection Technique in Gluteus Medius Tendinopathy

Axial, In-plane Approach

- **Position:** Lateral decubitus, both hips slightly flexed
- **Probe:** Transverse (axial) on the greater trochanter
- **Needle tip:** 22G 90 mm (3.5 inch) (spinal needle)
- **Needle position:** directed in-plane anterior to posterior or posterior to anterior, towards the surface of the lateral portion of the gluteus medius tendon
- There is no vascular and nerve structure to be considered, since trochanteric bursitis may also occur, pain should not be increased by applying excessive pressure to the transducer.

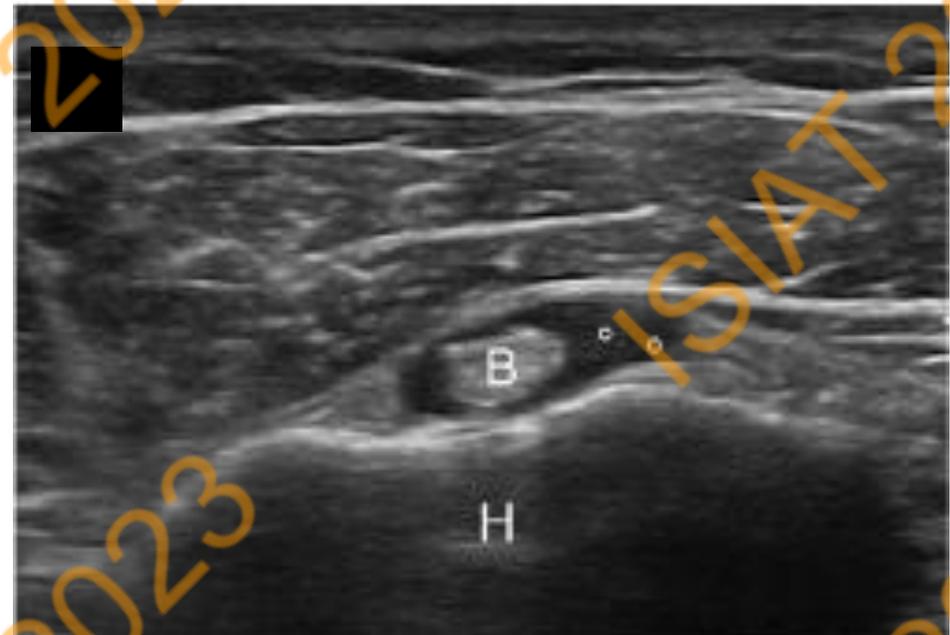
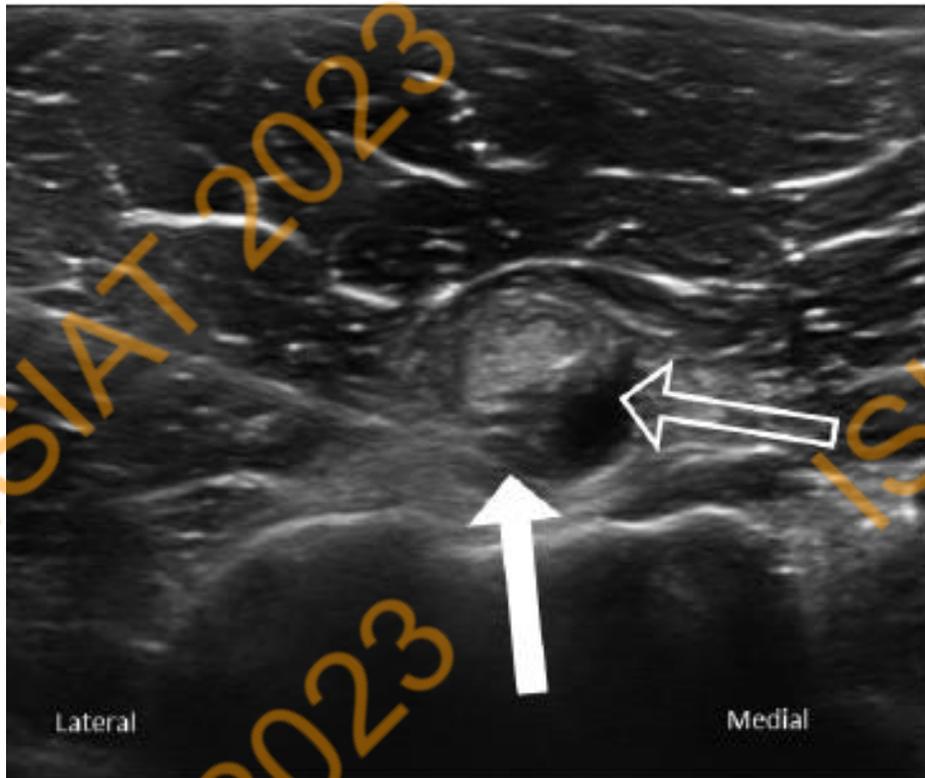
- Axial
- In-plane
- Posterior to anterior



Tendinopathy Long Head of Biceps

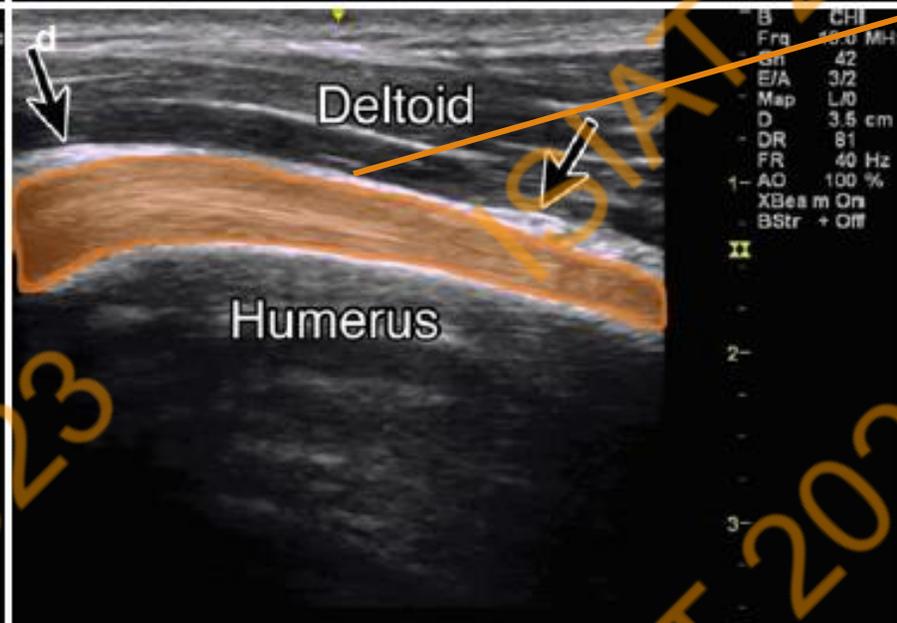
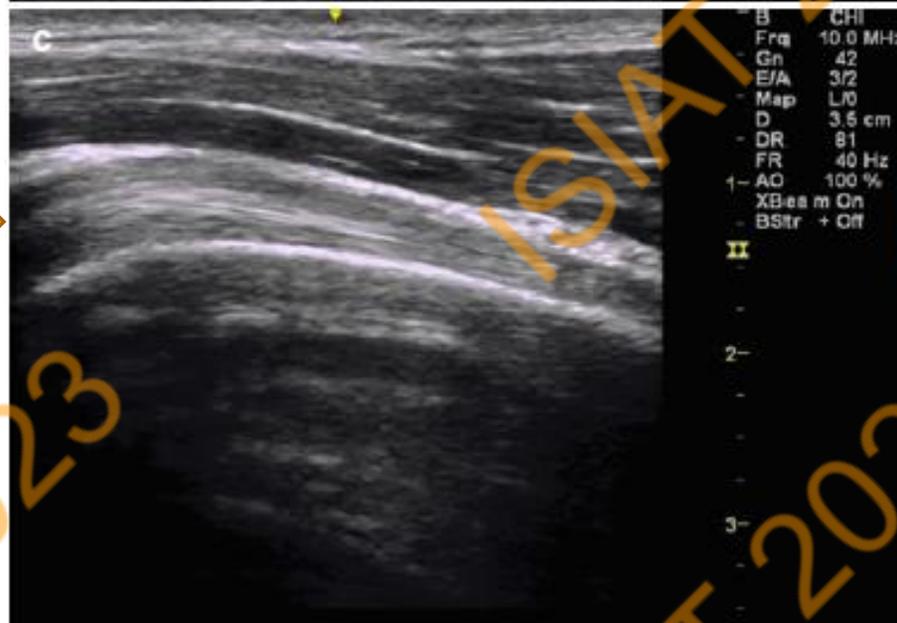
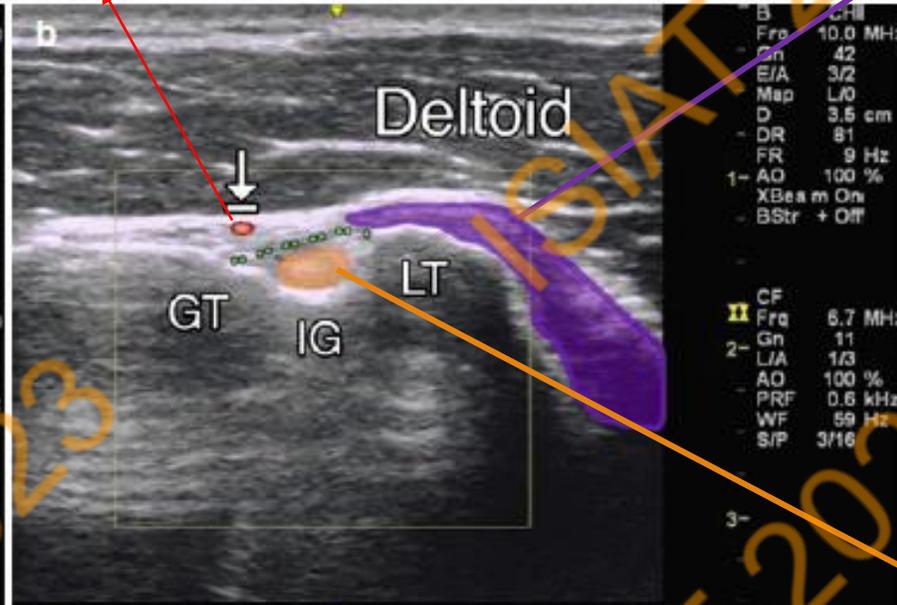
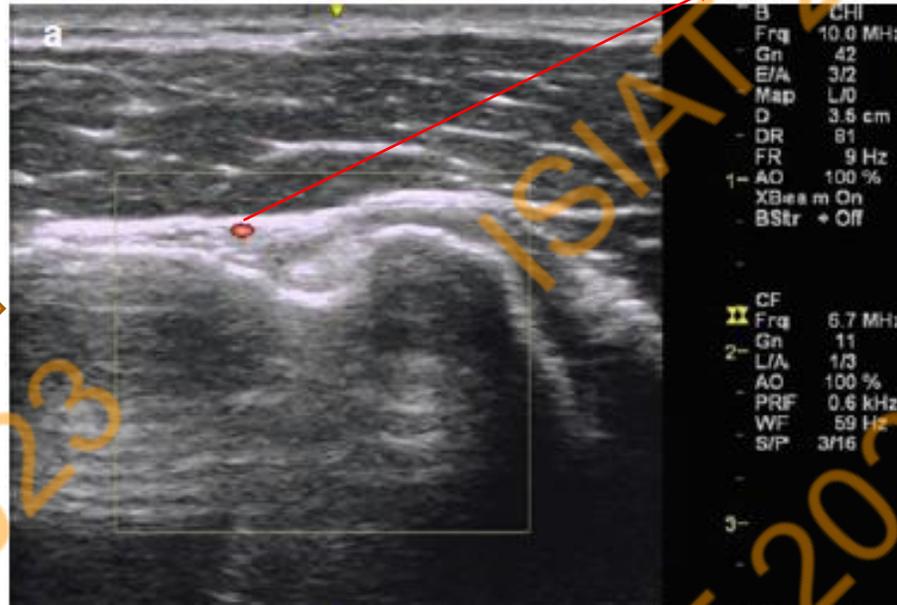


- Anterior shoulder pain radiates throughout the humerus
- Tendon sheath associated with the glenohumeral joint
- Isolated or with rotator cuff tears



circumflex humeral artery

subscapularis muscle



Short-axis view

Long-axis view

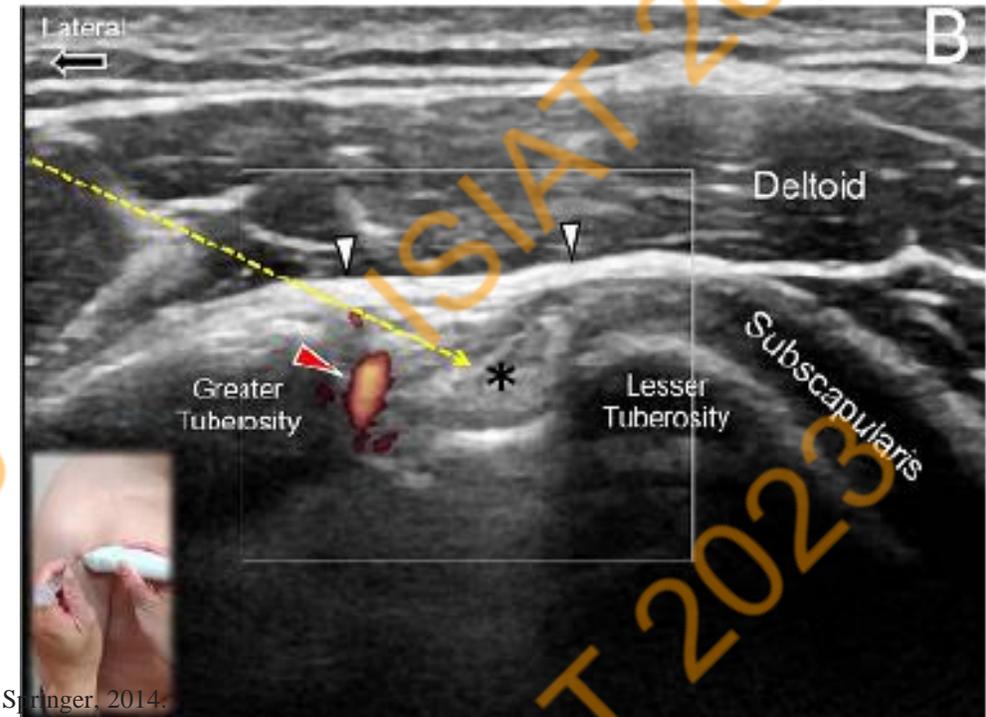
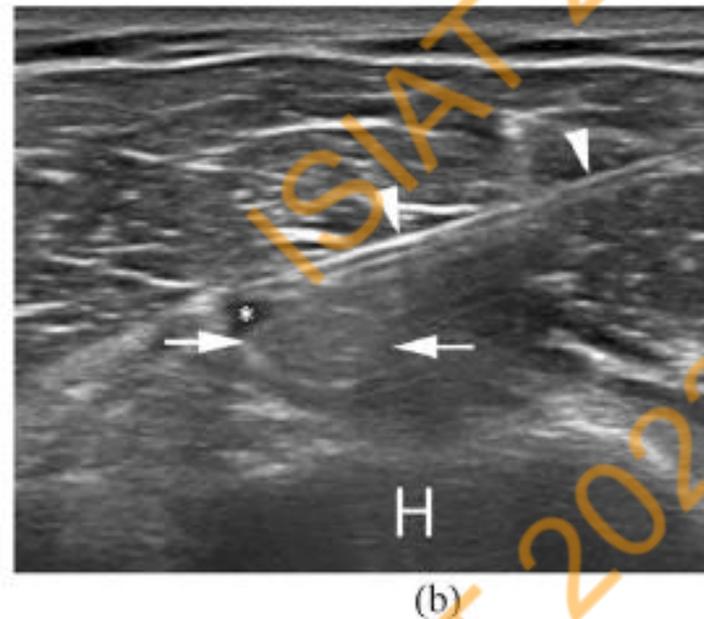
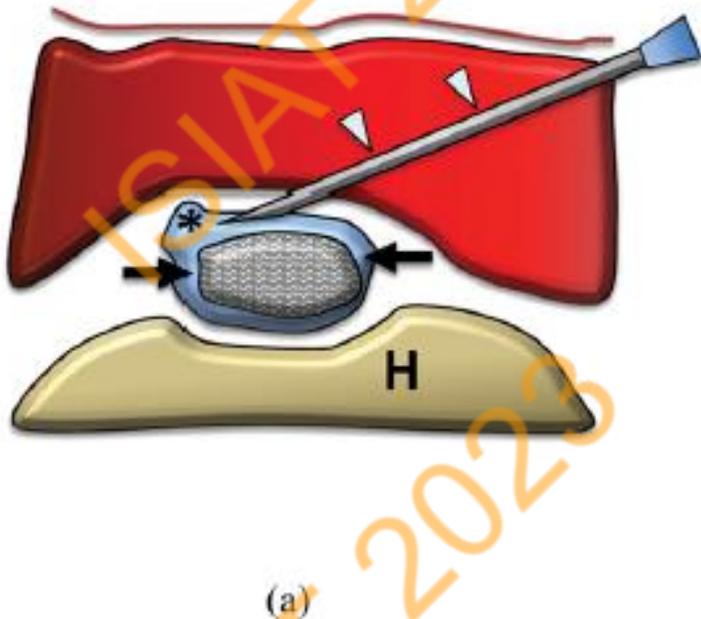
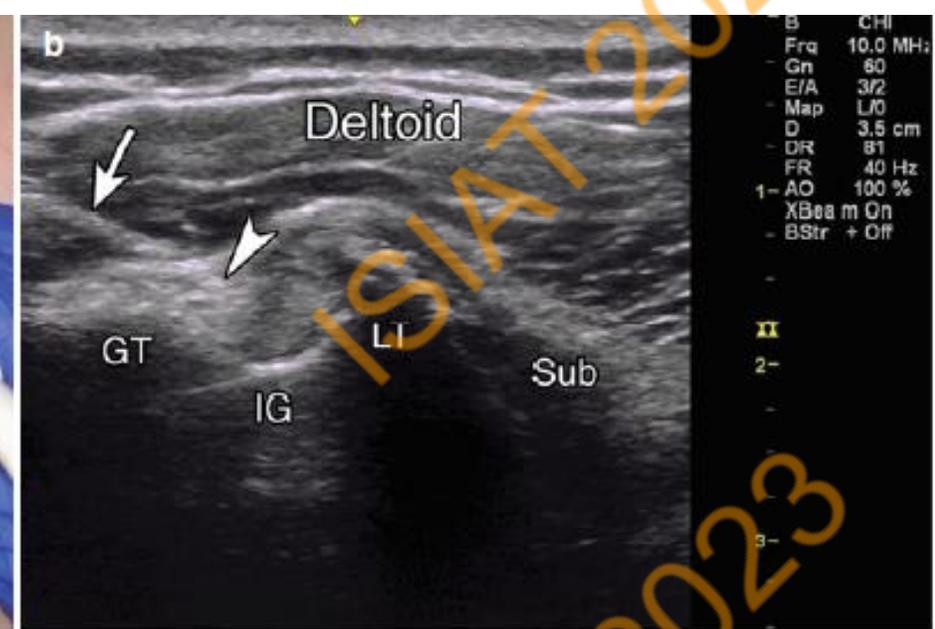
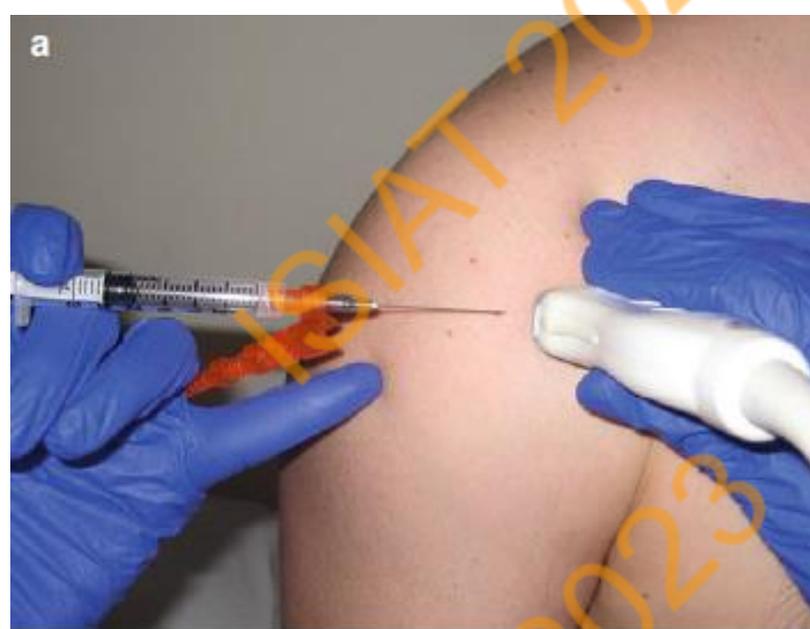
biceps tendon

Us-guided Peritendinous Injection Technique in Biceps Long Head Tendinopathy

Axial, In-plane Approach

- **Position:** Sitting, elbow flexed and forearm supinated
- **Probe:** It is placed on the proximal humerus in the axial plane. The circumflex humeral artery is determined by power Doppler imaging. (It extends up the side of the bicipital groove.)
- **Needle tip:** 25G 1.5 inch
- **Needle position:** Using a lateral to medial in-plane approach, it is guided into the tendon sheath located between the biceps tendon and the transverse humeral ligament.
- *The circumflex humeral artery should be visualized and avoided !*
- *«Donut sign» - indicates that the injection was made around the tendon.*

- Aksiyal
- In-plane
- Lateral to medial

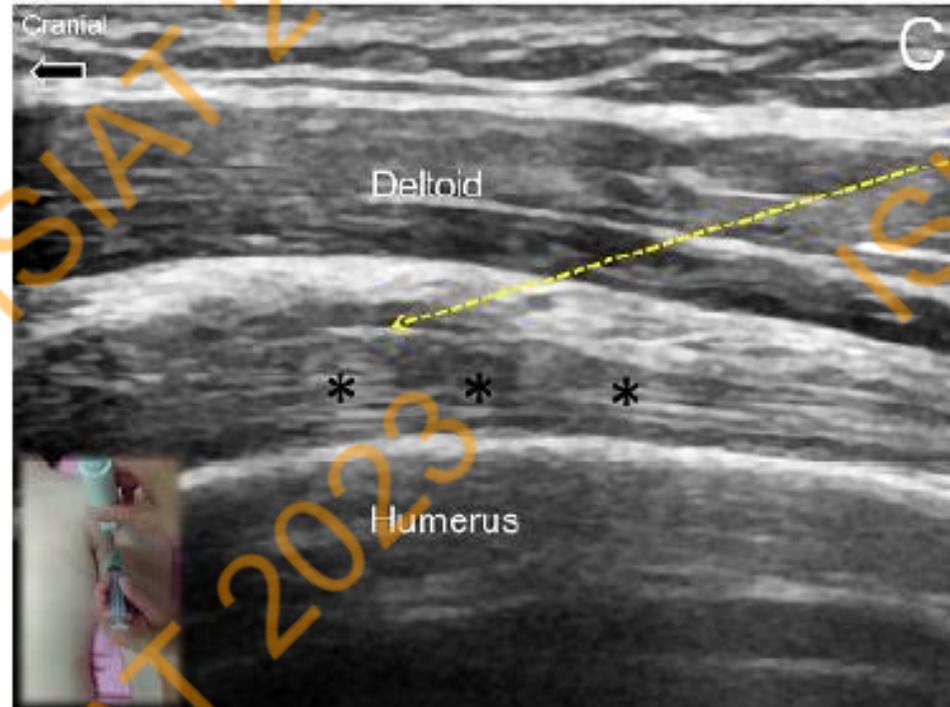


Us-guided Peritendinous Injection Technique in Biceps Long Head Tendinopathy

Sagittal, In-plane Approach

- **Position:** Sitting, elbow flexed and forearm supinated
- **Probe:** inserted sagittally to view the length of the biceps tendon in the bicipital groove and the pyramidal shape of the lesser tubercle
- **Needle tip:** 25G 1.5 inch
- **Needle position:** Caudo-cranial entered using in-plane approach
- *The circumflex humeral artery should be visualized and avoided !*

- **Sagittal**
- **In-plane**
- **Cranio-caudal**







THANK YOU!

