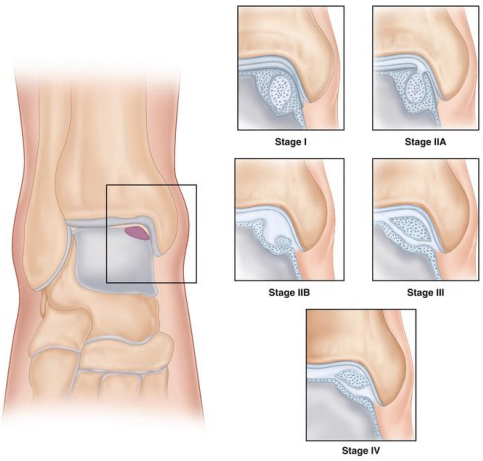
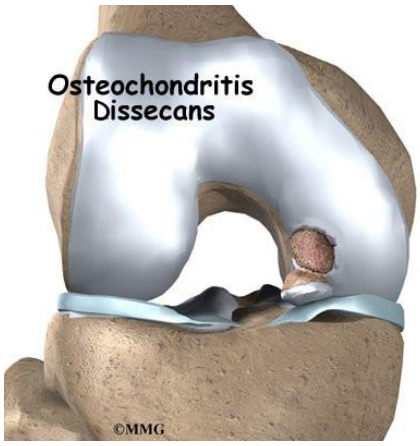
Osteochondral Defect (OCD)

What is an Osteochondral Defect (OCD)?
An OCD is a localized injury to the bone and/or cartilage, with normal bone and cartilage surrounding the area. It's kind of like an isolated pothole in a new road. OCDs are graded or "staged" according to size and stability. Some of the OCDs are superficial (and involve only the cartilage), and some are deeper (and extend into the bone). The most common locations of OCDs are in the knee, femur, and talus.





What causes it?
- Trauma (ie: ankle sprain, knee injury)
- Repetitive overload/overuse
- Necrosis due to lack of blood supply (ie: Osteochondritis Dissecans)

How is it diagnosed?
- Most OCDs are 1st diagnosed on X-ray, especially for OCDs that are larger.
- MRI is better at seeing smaller OCDs and determining if the OCD is stable vs unstable.

Treatment:
- *Conservative* (lower stages) – immobilization (brace or cast) and non-weight bearing for 4-6 weeks. PT can also be used to strengthen the surrounding muscles.
- *Chronic cases* – sometimes cortisone or PRP injections can be used for pain control
- *Surgery* (higher stages or not improving with conservative treatment) - Surgical debridement attempts to clear out cartilage and bone fragments. Bone Graft can be done if debridement is unsuccessful. The graft can be an autograft (your own harvested bone), or an allograft (from a cadaver). This is done to help stabilize and heal the defect/lesion.