DEDICATION

To my parents who supported me every time

To my husband
To my sons To my daughter
To my big family
To my friends in friendship hospital
To ustazAbed Alsamad M. Salih
I dedicate this work

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Abbreviations

ACL	Anterior Cruciate Ligament
AP	Anteroposterior
DC	Direct Current
ED	Edition
ESR	Erythrocyte Sedimentation Rate
FFD	Focal Film Distance
Fig	Figure
GRE	Gradient Echo
KEV	Kilo Electron Volt
KV	Kilo Voltage
M/S	Meter/second
MAS	Mille Ampere Second
MCL	Medial Collateral Ligament
MRI	Magnetic Resonance Image
NO	Number
OA	Osteoarthritis
PCL	Posterior Cruciate Ligament
PD	Proton Density
WHO	world Health Organization
MAS MCL MRI NO OA PCL PD	Mille Ampere Second Medial Collateral Ligament Magnetic Resonance Image Number Osteoarthritis Posterior Cruciate Ligament Proton Density

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Abstract

study was conductive This at friendship hospital Omdurman in the period from September 2012 to January 2013. The study is done to 75 patients (male and female), 50 patient (study group) with OA in knee joint all of them complaining of knee pain and were well known of OA disease and 25normal patients (control group). The data was collected from the patient demo graphic criteria and history of patient This data was analyzed by Excel and presented with tables and graphs in percentages according to the OA stage (I, II, III), marital status, obesity, healthy weight, and diseases which cause secondary OA The age of the patient ranged (20-60) years and the OA is common in the age group (41-50) years represented (46%) . The degeneration is primary cause of OA in all stages, we found that there is no relationship between disease and marital status. And the disease more common in female which is(68%) percentages The weight of the patients range(20-120)Kg. The healthy weight's patients and pre obese were 10 patients which is (20%) for each groups in all stages.(there is association between OA and others diseases(diabetes, gout and hormone disorder) or genetic factors.). Obese class I took which is (54%) in all stages as high percentage The study found that obesity is

.the most secondary risk factor of OA

ملخص الأطروحة

هذه الدراسة اجريت في مستشفى الصداقة امدرمان في الفترة ما بين سبتمبر 2012وحـتى يناير 2013م. وقد شملت الدراسـة عـدد 75 حالـة مـن المرضىـ (ذكـور واناث) ,50 منهم مشخصة حالتهم بواسطةاختصاصي الاشعة بالتهاب مفصل الركبة الضــموريو 25 منهــم اصــحاء واصــحاب اوزان صــحيةتم جمــع البيانــات بواسطةاستبيانات عن المعلومات الشخصية وتاريخ أي امراض اخريتم تحليل البيانات بواسطةعن طريق الجداول و الرسومات التوضيحية بالنسب المئوية حسب مراحل تطورالمرض ,الحالة الاجتماعية,السمنة,الوزن الصحى و المسببات الثانوية للمرض. تراوحت أعمار المرضى ما بين ((20-60سنة وجد ان التهاب مفصل الركبة الضموري اكثرانتشارا في الفئة العمرية 41-50 بنسبة(46%) مما يدل على ان تقدم العمر هو المسبب الأساسي للمرض في كل مراحله ووجدت الدراسة انه لا علاقةللمرض بالحالة الاجتماعيـة. وان المـرض اكـثر انتشـارا عنـد السـيدات بنسـبة(68%).تراوحـت اوزان المرضى بين ((20-120كجم وان أصحاب الوزن الصحى وما قبل السمنة الزائدة عددهم 10 مرضي 20)%) في كل مراحل المرض(ارتبطت اصابتهم بعدد من الامراض الاخري (السكري النقرس واختلال الهرمونات) بالاضافة لعامل الوراثة كمسببات ثانوية.).واناصحاب الوزن الزائد من المرتبة الاولى (54%)كاعلى نسبة مئويةووجدت الدراسة ان الوزن الزائد (السمنة) هي اكثر الامسباب الثانوية خطورة .

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