

7. Conclusion

1 – It was impossible to differentiate at least 50% of samples from the groups diagnosed with chronic arthritis, osteoarthritis, OCD + osteoarthritis and 75% of samples with OCD from normal controls solely based on the activity of MPO. MPO-activity in synovia of all 3 samples joint diagnosed with septic arthritis and in the great majority of samples with tenosynovitis was higher than in healthy controls but overlapped with activities detected in a few samples obtained from joints affected with non-septic conditions.

2- There seems to be no relationship between MPO-activity and synovial pH, total protein concentration or total white blood cell count. Nor does there seem to be any relationship between synovial MPO-activity and the viscosity of synovia.

3- There does not seem to be any relationship between MPO-activity in synovia and the degree of lameness.