CONDITION

Olecranon bursitis

Olecranon bursitis is swelling of the small fluid-filled sac over the tip of the elbow.

WHAT IT IS
Inflammation and fluid swelling of the elbow-tip bursa

BODY SYSTEM
Joints and soft tissues

MAIN SYMPTOMS
Elbow swelling, tenderness, warmth, reduced movement

WHAT CAUSES IT
Pressure, injury, infection, or inflammatory conditions

HOW IT IS DIAGNOSED
Examination; fluid culture when infection is suspected

MAIN TREATMENT
Pressure relief, symptom care, antibiotics for infection

CAN IT BE CURED?
Sometimes - many episodes settle but can recur

IS IT AN EMERGENCY?
Sometimes - when infection causes severe whole-body illness

LONG-TERM OUTLOOK
Usually resolves, though persistent or repeat swelling can occur

Overview

Olecranon bursitis is inflammation of the bursa over the point of your elbow. The olecranon is the bony tip of the elbow. A bursa is a thin, fluid-filled sac that helps skin and other tissues move smoothly over bone.

When the bursa becomes irritated, it can fill with extra fluid. This creates a soft or firm lump at the back of the elbow. People sometimes call this "student's elbow" because repeatedly leaning on a desk can cause it.

Some episodes follow pressure or a direct blow. Others are linked to gout, rheumatoid arthritis, or another inflammatory condition. The bursa can also become infected, usually after bacteria enter through a cut, graze, bite, or cracked skin.

Most cases do not permanently damage the elbow joint. However, it is important to tell

non-infected bursitis from infected bursitis because the treatments are different. Infection needs prompt medical assessment and usually antibiotics like amoxicillin or doxycycline .

Symptoms

The main sign is swelling directly over the point of the elbow. It may look like a rounded lump or a loose bag of fluid. Swelling can develop gradually after repeated pressure or quickly after an injury.

Other symptoms can include:

Non-infected bursitis may cause little pain. You may still be able to bend and straighten your elbow normally, although the swelling can get in the way.

An infected bursa, called septic bursitis, is more likely to be painful, red, and warm. Redness may spread beyond the elbow. You may also have a fever, chills, feel unusually unwell, or notice fluid draining through the skin. Not everyone with an infected bursa develops a fever.

Severe restriction of movement, deep joint pain, obvious deformity, numbness, or hand weakness is not typical of simple olecranon bursitis. These symptoms may suggest an injury or another elbow problem that needs assessment.

- Tenderness or pain, especially when leaning on the elbow
- Warmth or redness over the swelling
- Tightness or reduced movement when the bursa becomes very large
- Bruising after a direct blow
- A small cut, graze, or scab near the swollen area

Causes and risk factors

Repeated pressure is a common cause. Resting the point of your elbow on a hard desk, armrest, floor, or work surface can repeatedly irritate the bursa. This is sometimes related to work, sport, hobbies, or reduced mobility.

A direct blow can cause inflammation or bleeding into the bursa. The swelling may appear soon after the injury and may be bruised.

Infection can develop when bacteria cross damaged skin and enter the bursa. Even a small crack, scratch, insect bite, or puncture can provide an entry point. Infection can occasionally occur without an obvious wound.

Gout can cause sharp crystals to collect in and around the bursa. Rheumatoid arthritis and some other inflammatory conditions can also contribute to bursitis. A bony projection called an olecranon spur may repeatedly irritate the area.

Factors that can increase the likelihood of infection or poor healing include diabetes, a weakened immune system, long-term steroid treatment, and skin problems around the elbow. These factors do not mean that swelling is necessarily infected.

Sometimes no single cause is found.

Diagnosis

A healthcare professional will usually ask when the swelling began, whether you injured the elbow, and whether you have been leaning on it. They will examine the size, warmth, colour, and tenderness of the swelling. They may also check movement, circulation, feeling, and strength in your arm and hand.

The appearance alone cannot always show whether the bursa is infected. If infection or gout is suspected, a clinician may use a sterile needle to remove some fluid. This is called aspiration. The fluid can be tested for bacteria, inflammatory cells, blood, and crystals.

Aspiration is not always needed for swelling that appears non-infected. Putting a needle into a bursa can introduce infection, so the likely benefit is weighed against that risk.

Blood tests may look for signs of inflammation or infection. They can also help assess conditions such as gout, although a blood uric acid result alone does not confirm or rule out gout in the bursa.

An X-ray may be used after a significant injury or when a fracture, foreign object, calcium deposit, or bone spur is possible. Ultrasound can show fluid and help distinguish bursitis from some other lumps. MRI is rarely required for a straightforward case.

Treatment and management

Treatment depends mainly on whether the swelling is infected.

For non-infected bursitis, reducing pressure on the elbow is central. Avoid leaning directly on the swollen area. An elbow pad or cushioned sleeve may protect it during work or daily activities. A wrapped cold pack can help with discomfort after a recent injury; do not place ice directly on your skin.

A light compression bandage may sometimes reduce swelling, but it should not be tight.

Remove it and seek advice if your hand becomes numb, cold, discoloured, or more painful.

Pain-relieving or anti-inflammatory medicines may help some people. These medicines are not suitable for everyone, including some people with stomach ulcers, kidney problems, heart conditions, or medicines that affect bleeding. A pharmacist or clinician can help you check what is safe for you.

Large, uncomfortable, or persistent bursae are sometimes drained. Fluid can return after drainage, particularly if pressure on the elbow continues. Steroid injections are occasionally considered for selected non-infected cases, but they are not routine because of risks such as infection, skin thinning, and persistent drainage.

Do not puncture, squeeze, or try to drain the swelling yourself. This can introduce bacteria and damage the skin.

Septic bursitis is treated with antibiotics. The choice and length of treatment are based on factors such as the likely bacteria, test results, illness severity, and your wider health. Some people can be treated outside hospital with close follow-up. Hospital treatment and antibiotics through a vein may be needed if the infection is severe or if you are at higher risk of complications.

Repeated drainage or surgery may be considered when infected fluid does not clear, the bursa keeps returning, the skin breaks down, or long-lasting non-infected swelling remains troublesome. Surgery removes the bursa and is called bursectomy. The body can function without this bursa, but wound healing around the elbow may take time.

Complications

Many episodes settle without lasting problems. Possible complications include:

Complications after surgery can include delayed wound healing, infection, numbness around the scar, and return of the swelling. These risks are considered before surgery is recommended.

- Repeated or persistent swelling
- Thickening of the bursa
- Ongoing tenderness when leaning on the elbow
- Skin breakdown or fluid leaking through the skin
- Spread of infection into nearby skin, bone, blood, or the elbow joint
- Infection introduced during unsterile drainage

Prevention

Not every case can be prevented. An unexpected injury, gout flare, inflammatory condition, or infection may occur despite reasonable precautions.

If pressure is the main trigger, avoid resting the point of your elbow on hard surfaces. Use padding when your work, sport, or mobility needs put repeated pressure on the area. Change position regularly rather than keeping your elbow planted in one place.

Clean small cuts and grazes around the elbow and keep them covered while they heal. Avoid kneeling or leaning on shared or dirty surfaces when the skin is broken.

Managing gout, rheumatoid arthritis, diabetes, or a long-term skin condition may reduce some contributing risks, but it does not guarantee that bursitis will not return.

Living with it and what to expect

Non-infected olecranon bursitis often improves after pressure and irritation are removed. Pain may settle before the lump disappears. The fluid can take several weeks or longer to be reabsorbed, and a small amount of thickening may remain.

You can usually continue gentle elbow movement. Keeping the joint completely still without medical advice may lead to stiffness. Activities that repeatedly press on or strike the elbow may need to be adjusted until the swelling and tenderness improve.

Bursitis can return, particularly if the same pressure continues or an underlying condition remains active. Padding and changes to your work or activity setup may help reduce repeat episodes.

Infected bursitis usually needs follow-up to make sure redness, pain, and swelling are responding to treatment. The swelling may not disappear immediately when antibiotics begin. New fever, spreading redness, increasing pain, or worsening general health needs reassessment.

Persistent swelling does not always mean infection or permanent damage. However, a lump that does not improve, repeatedly returns, or changes in character should be reviewed to confirm the cause.

When to get medical help

Arrange a routine appointment if the swelling is not improving, keeps returning, interferes with

movement or sleep, or has no clear cause. You should also seek advice if you have gout, rheumatoid arthritis, diabetes, a weakened immune system, or take medicines that suppress immunity.

Get same-day medical help if the area becomes increasingly red, hot, or painful; redness is spreading; pus or cloudy fluid drains from the skin; or you develop a fever or chills. These symptoms can indicate infection.

Seek prompt assessment after a significant injury if you cannot move the elbow normally, the joint looks deformed, or you develop numbness, weakness, a cold hand, or severe pain.

Go to emergency care if elbow redness or swelling is accompanied by severe whole-body illness, such as confusion, fainting, marked drowsiness, breathing difficulty, or rapidly worsening symptoms. These can be signs of a serious infection affecting the body.

Common questions

Is olecranon bursitis the same as arthritis?

No. Bursitis affects the fluid-filled sac over the elbow tip, while arthritis affects the joint itself. Gout or rheumatoid arthritis can sometimes cause both. Bursitis often produces a visible lump while leaving most elbow movement intact.

Will the lump on my elbow go away?

Many lumps gradually become smaller once pressure and inflammation settle. The swelling may last longer than the pain, and some thickening can remain. A persistent or growing lump should be assessed because not every elbow lump is bursitis.

Can I drain elbow bursitis myself?

No. Puncturing the swelling can introduce bacteria and cause a difficult infection. When drainage is appropriate, it should be done using sterile equipment by a trained healthcare professional.

Can I exercise with olecranon bursitis?

Gentle movement is often possible if it does not increase pain or swelling. Avoid exercises that place direct pressure on the elbow or risk another blow. Return to affected activities gradually as comfort and swelling improve.

Is elbow bursitis contagious?

Bursitis itself is not contagious. If the bursa is infected and fluid is draining, the bacteria may spread through contact with the fluid. Keep the area covered, wash your hands, and do not share dressings or towels.

Why does my elbow bursitis keep coming back?

Repeat swelling can result from continued pressure, an elbow spur, gout, rheumatoid arthritis, incomplete resolution of infection, or persistent skin irritation. Recurrent episodes deserve assessment so the contributing cause can be addressed.

Sources

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