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Innovative Management of Posterior Upper Thigh Pain In Two Adolescent Athletes

Thomas Munro
Children's Mercy Hospital

Brian Harvey
Children's Mercy Hospital

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Innovative Management of Posterior Upper Thigh Pain In Two Adolescent Athletes

Case History

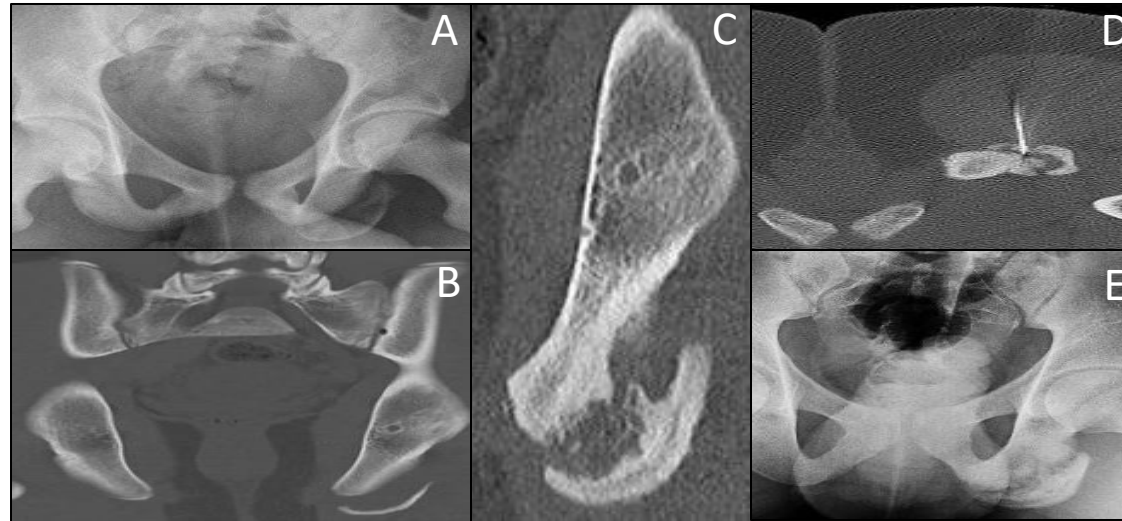
Athlete 1

- 16 y/o male with posterior upper leg pain after exploding up for a dunk.
- Imaging confirmed ischial tuberosity avulsion fracture.
- Initially, nonsurgical treatment with rest, PT, and gradual return to activity.
- Returned to clinic 15 months after initial injury with recurrence of pain.

Athlete 2

- 16 y/o male recovering from a “chronic hamstring strain”.
- Rested for a couple weeks and worked with his personal physical therapist/trainer.
- Experienced acute worsening in his posterior leg pain while sprinting at football practice.

Imaging



Athlete 1: X-ray and CT showing initial injury (A/B). CT showing fibrous non-union (C). Fenestration and x-ray showing subsequent bone formation (D/E).



Athlete 2: X-ray and MRI showing initial injury (A/B). Fenestration of ischial tuberosity (C).

Discussion

- Non-operative treatment of pelvic avulsions has a high successful healing rate (~97%).
- Non-unions are rare, but if they are to occur the ischial tuberosity is a likely location.
- The use of fenestration as a therapeutic treatment for non-union ischial tuberosity avulsion fractures is an experimental procedure with little research supporting or opposing it.
- We present 2 athletes that would support its use in the chronic avulsion fracture athlete.

Outcome and Return to Play

- Athlete 1 used crutches for 3-4 weeks post procedure with pain fully resolved by 6 weeks. Formal PT was started at 6 weeks with return to sport at 4 months. He was subsequently able to pursue his college basketball aspirations.
- Athlete 2 was non-weight bearing for 2 weeks, partial weight bearing for 2 weeks, and began formal physical therapy around 4-6 weeks. He has continued to progress back to sporting activities and is beginning to participate in 7v7 football practices this spring.