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Melanie Kennedy

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Anterior Hip Pain in Adolescent Female Wrestler

Melanie Kennedy, MD

Children's Mercy Kansas City

History

18 yo F with 6-7 months of atraumatic R anterior hip pain. Rehabbed with ATC with mild improvement. Continued volleyball, wrestling and soccer but with worsening pain. Resting last 2 months without improvement. Pain worse with kicking, sprinting, shuffling, getting in and out of the car. Pain with walking and intermittent limp. Pain over ASIS, along iliac crest and into knee. No swelling, fevers, weight loss or nocturnal pain. She plans to wrestle in college.

Physical Exam

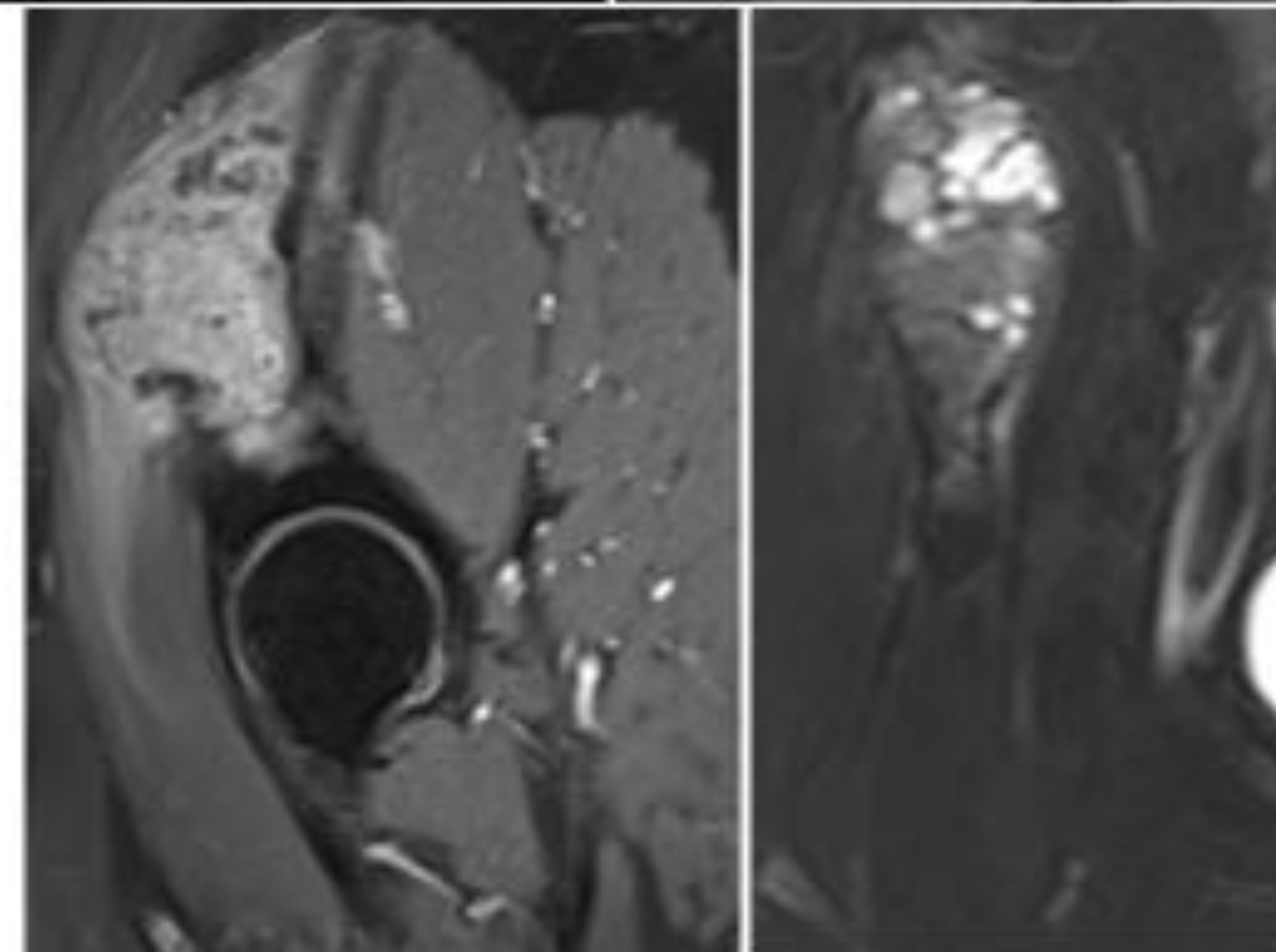
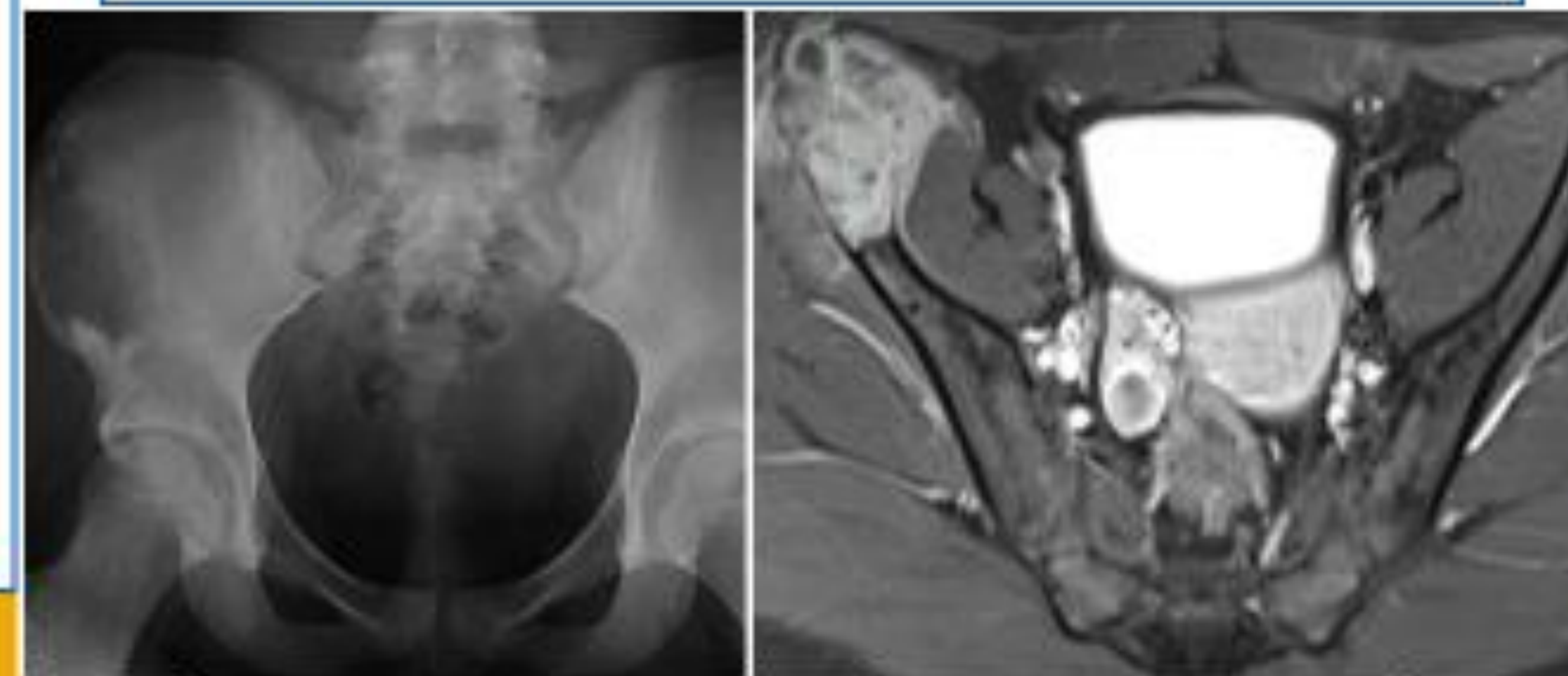
No ecchymosis/swelling. Limited hip flexion with pinching. Pain in abduction, ER, IR. Pain over ASIS, iliac crest and AIS. Decreased strength with hip flexion, abduction, adduction. + FADIR and FABER. Normal gait

Differential Diagnosis

1. Pelvic Apophysitis
2. Pelvic stress Injury
3. Hip flexor tendonitis
4. Femoral Acetabular Impingement
5. Bone Lesion

Tests and Results

XR: lucency in the right iliac wing. MRI: mixed solid/cystic lesion like an ABC but also more solid enhancing tissue. Bone biopsy: chondroblastoma with atypical features.



Final/Working Diagnosis

Chondroblastoma with atypical features

Discussion

Chondroblastoma's are non-malignant bone lesions, typically seen near the epiphysis in males, rare in pelvis. On MRI, the lesion usually will have central enhancement with no cystic findings but in this case, enhancement was minimal with fluid filled cysts. Often treated with curettage, this patient's lesion was resected due to size and location. They can recur and can metastasize to lung.

Outcome & Return to Activity

Successful surgical resection. Chest CT normal. Post op given crutches, NWB and referred to PT. Doing well last fall, training for collegiate wrestling with mild impairments in motion only. Plan to follow with serial x-rays and chest CT for 5 years.



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