

Brief Commentary

 **Is Hip Originated Pain Misdiagnosed?**

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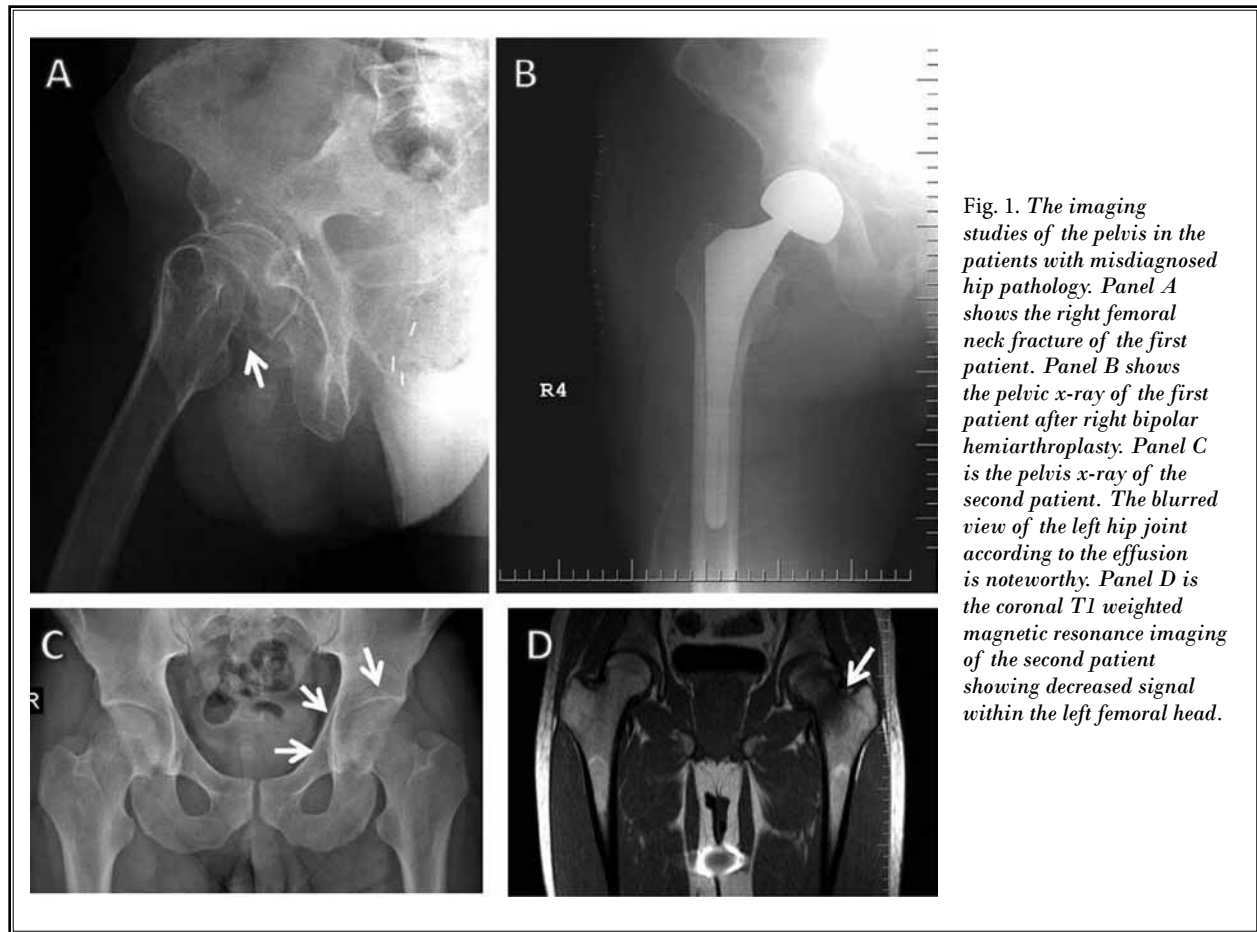
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Pain originating in the hip can be easily overlooked and misdiagnosed because of the referring pain pattern. The pain may be anywhere on the anterior thigh, extending from the groin to the knee (1), especially in cases with no obvious risks for hip pathology and trauma, making a diagnosis may become harder. Here two cases are reported whose important hip pathologies were undiagnosed.

The first patient was a 77-year-old man who was admitted to our physical medicine and rehabilitation clinic with a 15-day history of rigorous right knee pain and poor mobility. He was able to walk with the aid of a walker and 2 people on both sides. There was no history of falls or trauma, nor did he have any systemic diseases or drugs used on a regular basis. Early on he went to an orthopaedic clinic for his symptoms, an x-ray and computed tomography of the right knee yielded little osteoarthritic changes, and he was advised to go to a physical medicine and rehabilitation clinic with a diagnosis of gonarthrosis. On examination, right knee range of motion was normal with no inflammatory signs. Aspiration of the right knee revealed no effusion and there has not been any pain relief with local anesthetic injection. While both limbs seemed to be equal in length, the right one was slightly in external rotation and painful on active hip flexion. A pelvic x-ray disclosed a fracture of the right femoral neck (Fig. 1). He was referred to orthopaedic department and had a right bipolar hemiarthroplasty (Fig. 1).

The second patient was a 28-year-old male suffering from left thigh pain. Immediately before he was diagnosed as lumbar radiculopathy in a neurosurgery clinic, according to a magnetic resonance imaging of the lumbar spine reporting a diffuse annular bulging of L5-S1 disc, and referred to our physical medicine and rehabilitation department. He had no known systemic diseases, nor a long-standing drug use but a history of 30-pack-year cigarette smoking. A clinical evaluation under scrutiny and attentive physical examination revealed that the origin of the pain was hip joint. Afterwards an x-ray and magnetic resonance imaging disclosed avascular necrosis of the left hip (Fig. 1). The patient was referred to an orthopedic department and hyperbaric oxygen therapy was started.

These cases emphasize that important hip pathologies may be masked and untreated in the clinical practice leading to further disability, so physicians should be aware of them.



REFERENCE

1. Wilson JJ, Furukawa M. Evaluation of the patient with Hip Pain. *Am Fam Physician* 2014; 89:27-34