Case Report 91

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Fig. 1A and B. An anteroposterior film of the pelvis (A) and a lateral view of the right hip (B) illustrate a lytic lesion of the right innominate bone just above the hip joint, with a narrow zone of transition. The lesion extends to the acetabular roof and the iliopectineal line, but does not appear to breach the cortical margins. No periosteal reaction or tumor matrix is identified.

History

This patient was a 23-year-old white man with a chief complaint of pain in the right hip of eight months duration. The pain was present at rest and exacerbated by motion. The past medical history was otherwise unremarkable.

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Physical examination demonstrated a decrease in flexion and internal and external rotation of the right hip. Pain was elicited in the extremes of motion and when manual pressure was applied to the anterior aspect of the hip joint.

Laboratory studies were all within normal limits, including the sedimentation rate and white blood cell count.

Radiological studies of the bony pelvis with special reference to the right hip and computed tomograms were obtained (Figs. 1A and B and 2A and
A radiological skeletal survey was performed and total body radionuclide scans were obtained, following the intravenous administration of 15 mlc of Technetium 99m EHDP. No other lesions were indentified in the radiological skeletal survey. The right ilium did, however, demonstrate an augmented uptake of the bone-seeking radionuclide.

A surgical procedure relating to the right iliac lesion was performed. The lesion was resected en bloc.