

Idiopathic Chondrolysis Of The Hip: A Case Report

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INTRODUCTION:

Idiopathic chondrolysis of the hip (ICH) is a rare condition occurring mainly in adolescents and is characterised by a rapidly progressive destruction of the articular cartilage in the hip joint. Patients report intense pain and motion restriction. The aetiology is not elucidated. Medical imaging techniques form the cornerstone for differential diagnosis. Biological markers for inflammation and infections should be studied. Conservative treatment focuses on pain control and preservation of joint mobility. There is up till now no consensus on the treatment algorithm⁽¹⁾.

CASE REPORT:

A 15 year old Malay boy came to our orthopaedic clinic with a chief complain of left hip pain for the past 4 months. There was no trauma but a slow progression of pain that left him with diminished range of motion and mobility. He denied recent illness, fever, or travel. His pain was exacerbated with movement, relieved at rest. No rash, or lymphadenopathy was present. There was no past medical or surgical history, and no family history of rheumatologic conditions or juvenile hip pain. He denied pain to other joints.

On general examination, his spine, upper and left lower extremity examinations were normal. He ambulated with Trendelenburg and antalgic gait. Tenderness was present over the left hip. Range of motion of the left hip was limited. Hip flexion at 80°. Extension, abduction, adduction, and rotations were nil.

With these clinical findings the provisional differential diagnosis were

1. Slipped upper femoral epiphysis
2. Monoarticular rheumatoid arthritis
3. Septic arthritis
4. Idiopathic chondrolysis

On radiological assessment X-ray of pelvis with both hips revealed unilateral left hip joint space narrowing with sclerosis and subchondral cysts. All laboratory results including ESR, CRP, RF, ANA and FBC were normal. MRI was done which showed reduced hip joint space with effusion. There was high

signal intensity with enhancement seen at middle part of the left femoral epiphysis, femoral metaphysis and left acetabulum. The synovium was thickened and enhanced post gadolinium. Atrophy of the left gluteus and upper thigh muscles were noted. As per radiologists opinion features were in favor of idiopathic chondrolysis.

Patient was treated with NSAIDs and referred to physiotherapy. Pain is now well controlled.

DISCUSSIONS:

Patients with ICH of the hip most frequently consult because of pain in the hip and / or the knee. The diagnosis is made by exclusion of other, more common causes of acute or chronic monoarticular hip pain. Radiographic assessment plays a major role for the diagnostic work-up⁽²⁾. The results of laboratory evaluation usually are normal.

Until today no evidence concerning the aetiology of ICH has been presented. Therefore the treatment of this condition has been mainly symptomatic. Physiotherapy seems to be important to preserve a good range of motion. Surgical intervention is controversial. Total hip arthroplasty in patients under the age of 20 has a high failure rate and is therefore avoided in this patient group. Articular surface replacement would be an option although it's still controversial. The articular surfaces of the femur and acetabulum are replaced and the femoral head is reshaped instead of being removed.

CONCLUSION:

The aetiology of ICH remains unknown and the diagnosis is made by exclusion of other possible causes of monoarticular hip pain. Until more basic knowledge is gained about ICH, it will remain difficult to diagnose and accurately treat this condition.

REFERENCES:

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