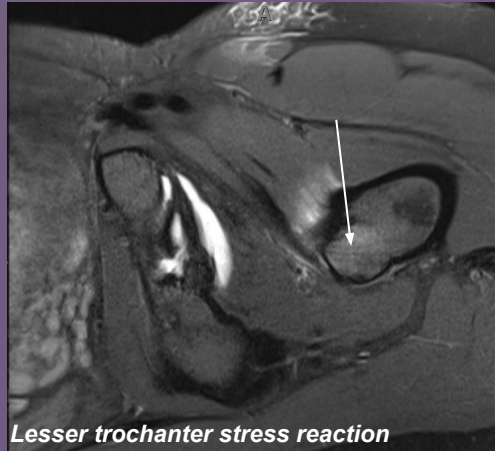


Double Trouble: A Case of Two Unusual Stress Fractures

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Don't forget about stress fractures when it comes to *anterior hip pain*.



Lesser trochanter stress reaction



Sacral Ala stress reaction

An increased knowledge of these uncommon stress fractures along with detailed history and anatomically specific exam can prevent misdiagnosis and delayed treatment.

Diagnosis

Lesser trochanter stress reaction with simultaneous sacral ala stress reaction in a female runner

Case Description

Patient: 23yr old female with irregular periods

CC: Two weeks of localized anterior left hip and left low back pain

HPI: Pain began after a one hour run. Two months prior she had increased running from zero to three miles daily. Pain was worse with walking and she was limited to one block.

Exam: Pain at end range of motion on internal rotation and external rotation, tenderness over left anterior hip, left PSIS, and left SI joint. Stinchfield test, quadrant scour, anvil test and ludloff sign were positive. Gait was antalgic.

Diagnostics: MRI Arthrogram: *severe left iliopsoas tendinopathy, stress reaction in left lesser trochanter, marrow edema in right sacral ala representing stress fracture and left acetabular labral tear.*

Treatment: axillary crutches: *non-weight bearing for six weeks* progressing to 50% weight bearing for one week. Patient reported 90% improvement and enrolled in physical therapy.

Case Discussion

Diagnosis of uncommon stress fractures is often missed or delayed due to limited awareness and high prevalence of hip and back pain. Identifying risk factors and performing a detailed exam kept our differential broad and MRI confirmed four simultaneous overuse injuries including two uncommon stress fractures. Stress fractures comprise 20% of sports injuries however, the lesser trochanter and sacrum are rare sites. *To our knowledge, this is the first case report of these stress fractures occurring simultaneously in an athlete.* Treatment started with the most restrictive for the highest risk injury; lesser trochanter stress reaction has been associated with progression to femoral neck fracture. While typical treatment is non-weight bearing that ranges from 2-12 weeks, six weeks was successful for our patient.

References



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