SMALL AND LARGE INTESTINE DIVERTICULITIS WITH PERFORATION AND FISTULIZATION PRESENTING AS ACUTE GROIN, LOW BACK AND HIP PAIN TO SPINE ORTHOPEDIC CLINIC. A CASE REPORT.

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CASE DIAGNOSIS

- 66-year-old male presenting with acute, progressive right groin/back/hip pain found to be perforated diverticulitis.

SETTING

- Outpatient orthopedic clinic at Academic Medical Center

CASE DESCRIPTION

- Our patient had a medical/surgical history most notable for DMII and osteoarthritis and chronic back pain with previous posterior lumbar and cervical spinal fusions.
- He presented as a self-referral with two weeks of right groin, hip and low back pain without inciting event or injury.
- While in the process of moving two weeks prior to presentation, the patient began to notice his now worsened symptoms.
- His pain, at the time of clinic visit, was 9/10, constant, sharp, located in the groin with radiation to his hip and back.
- Movement and functionality were significantly limited secondary to pain, however, no gross neurologic deficits were reported.
- He noted a groin mass with associated swelling, erythema down his inner thigh to his knee.
- Standing and coughing worsened pain without relief provided by NSAIDs.
- Review of systems was negative other than subjective chills, mild diarrhea over the past few days.

PHYSICAL EXAMINATION

- Physical exam noted non-reducible right anterior inguinal mass and a palpable cord the anterior thigh, tender and worsened with range of motion. No gross neurologic deficits were present but strength testing was limited by pain.

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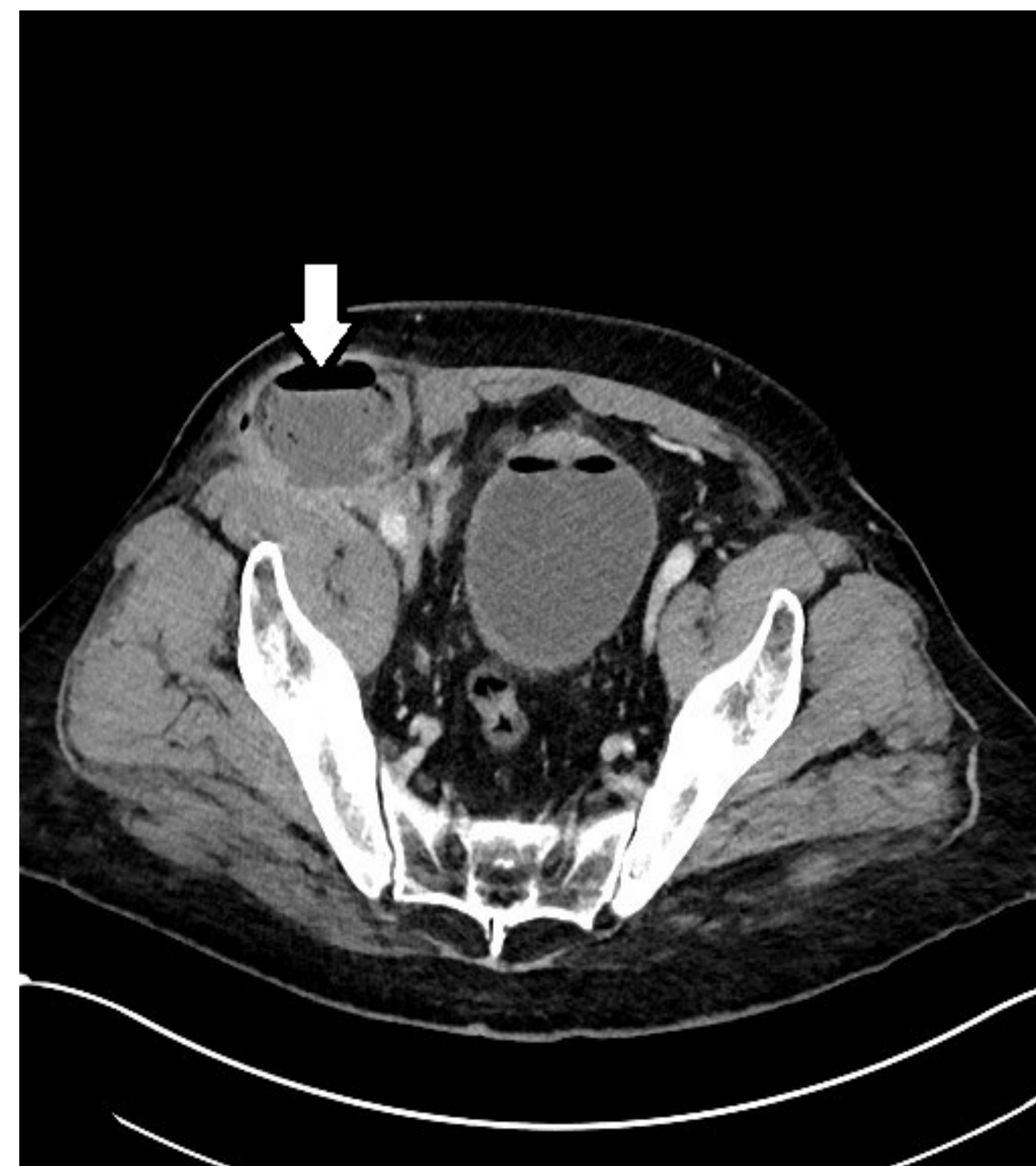

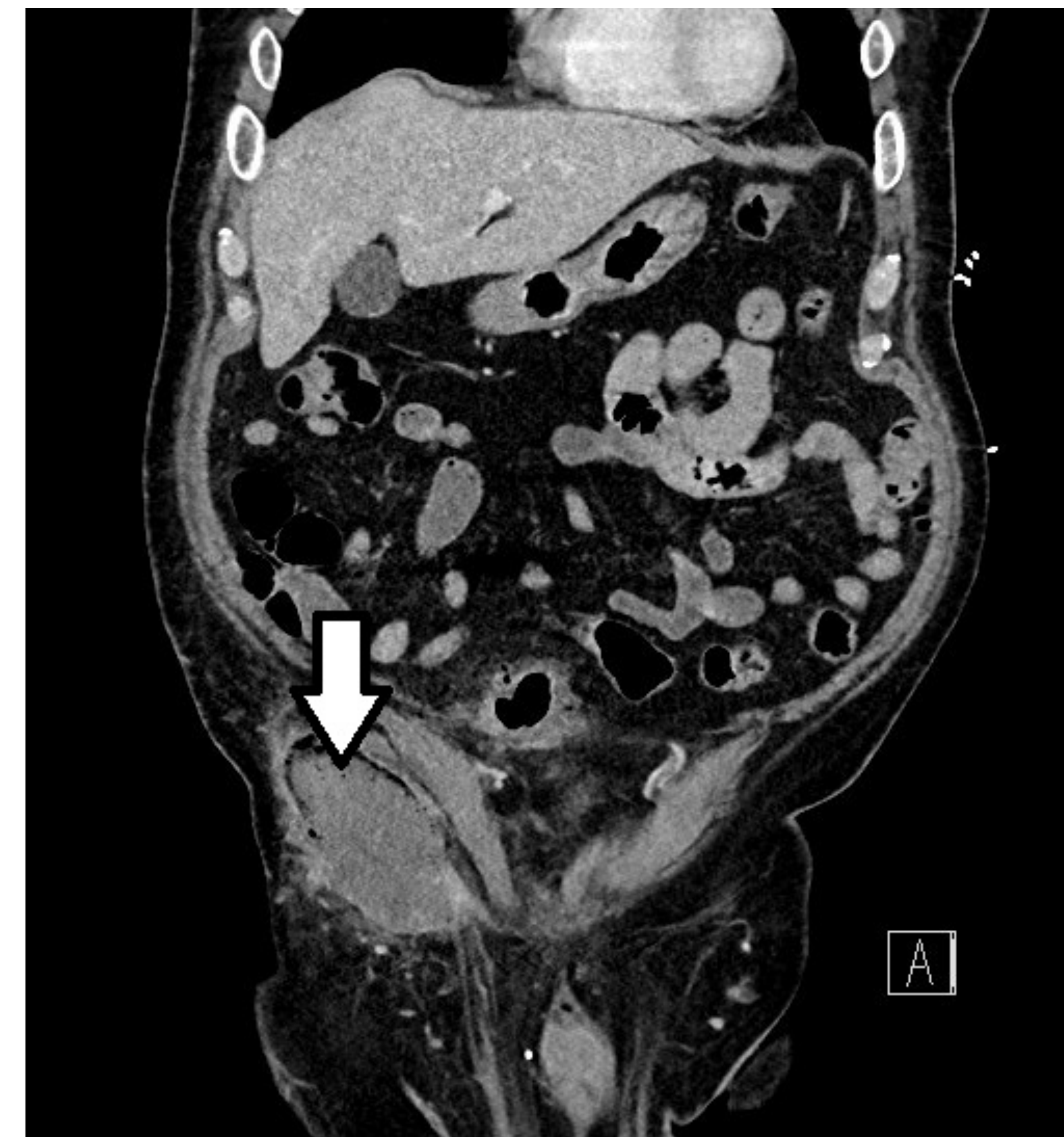

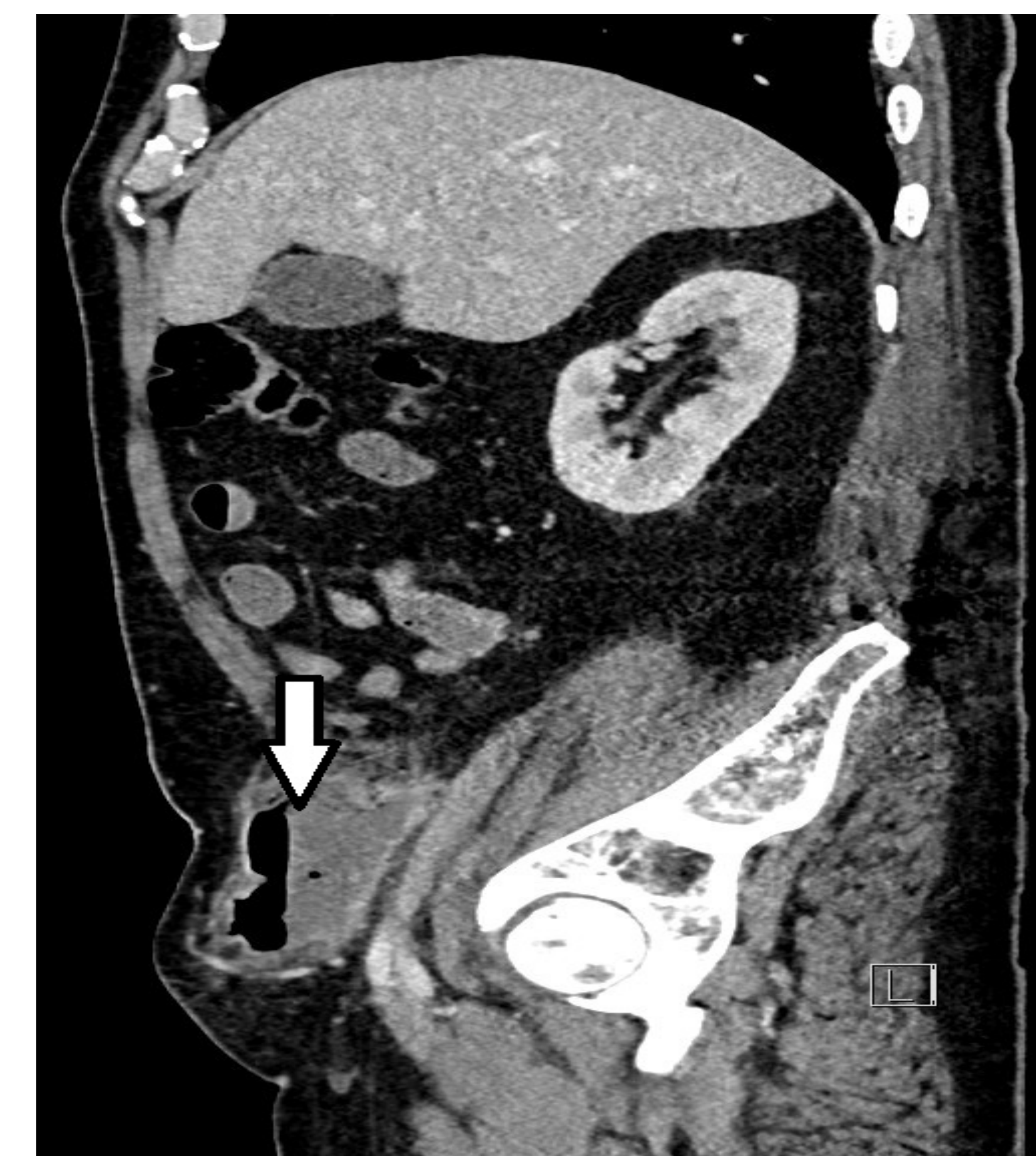

Figure 1-3: CT Abdomen/Pelvis (axial/coronal/sagittal) sigmoid diverticulitis with abscess (arrow) in right lower quadrant in communication with sigmoid colon

DISCUSSION

- Although exceedingly uncommon, there have been case reports of perforated diverticular disease presenting with hip pain.[1-4]
- Diverticulitis, with subsequent abscess formation and fistulization, presenting with groin/hip/back pain can seem consistent with multiple musculoskeletal diagnosis.
- Raising awareness, knowing these cases have presented in orthopedic clinics is the only way to diagnose or at least, properly triage these patients.
- Gathering an encompassing review of systems for “red flag” symptoms can help point to non-musculoskeletal diagnosis.
    - Knowingly, utilizing this tool alone for diagnosis may not be sufficient as, in the absence of red flag symptoms, studies have shown there was no meaningful decrease in red flag diagnosis.[5]
- With this, awareness leading clinical intuition is imperative to timely diagnose and treat these presentations.

CONCLUSIONS

- This case shares a complicated orthopedic presentation of a unique diagnosis, highlighting the importance of maintaining a broad differential diagnosis for seemingly orthopedic presentations.
- Delay of workup and treatment could have led to serious and potentially life-threatening effects.
- Though this case, we hoped to raise awareness, leading to timely diagnosis and treatment,
- Awareness, the utilization of red-flags symptoms, outlying physical exam findings can help triage this serious diagnosis and lead to improved outcomes for this unusual presentation.

REFERENCES:

1. Haiart DC, Stevenson P, Hartley RC. Leg pain: an uncommon presentation of perforated diverticular disease. J R Coll Surg Edinb 1989;2013:17–20
2. Mekhail P, Saklani A, Philobos M, et al. Thigh subcutaneous emphysema: is that a clear indication for thigh exploration? JSCR 2011;2013:1
3. Nicell P, Tabrisky J, Lindstrom R, Peter M. Thigh emphysema and hip pain secondary to gastrointestinal perforation. Surgery. 1975;78(5):555-559.

44. P. K. Rao, H. Sharpe, R. Sherlock, and V. Muralikrishnan, “Uncommon presentation of a common condition: an easily missed cause of hip pain,” British Medical Journal Case Reports, 2013.

5. Premkumar A, Godfrey W, Gottschalk MB, Boden SD. Red Flags for Low Back Pain Are Not Always Really Red: A Prospective Evaluation of the Clinical Utility of Commonly Used Screening Questions for Low Back Pain. J Bone Joint Surg Am. 2018;100(5):368-374. doi:10.2106/JBJS.17.00134