AVASCULAR NECROSIS OF THE HIP: DELAYED DIAGNOSIS DUE TO LUMBAR DISC DEGENERATION

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ABSTRACT

Avascular necrosis might be encountered following steroid use for various medical conditions.

We report a patient who has developed avascular necrosis of the hip following steroid use for facial nerve palsy. The diagnosis was delayed since nonspecific findings on lumbar magnetic resonance imaging was held responsible for his complaints.

• ***Key Words:*** *Avascular necrosis, corticosteroids, hip, lumbar discopathy* ***Nobel Med 2010; 6(3): 93-94***

KALÇANIN AVASKÜLER NEKROZU: LOMBER DİSK DEJENERASYONU NEDENİ İLE TANIDA GECİKME

ÖZET

Avasküler nekroz farklı medikal durumlardaki steroid kullanımını takiben gelişebilmektedir. Bu vaka sunumunda fasiyal sinir felcinden sonra kalça avasküler nekrozu gelişen bir hasta sunulmaktadır. Hastada tanı, şikayetlerin lomber manyetik rezonans görüntülemesindeki non-spesifik bulgulara bağlanması nedeni ile gecikmiştir.

• **Anahtar Kelimeler:** Avasküler nekroz, kalça, kortikosteroidler, lomber diskopati **Nobel Med 2010; 6(3): 93-94**

INTRODUCTION

Facial nerve palsy affects individuals of all ages, races, and sexes.[1] Corticosteroids and antiviral agents are widely used to treat the early stages of idiopathic facial paralysis (i.e.Bell's palsy).[2] We report a patient who was treated for facial paralysis after which he developed avascular necrosis (AVN) of the hip, which was recognized rather late due to lumbar disc pathology which was held responsible for his complaints.

CASE REPORT

A forty-three year-old man admitted to Maltepe University, Faculty of Medicine Department of Physical Medicine and Rehabilitation with the complaints of→

left inguinal pain for the last 1.5 months. He had no medical problem except for facial paralysis which occurred ten months earlier. He had used methylprednisolone (total dose: 160 mg) for 4 days in the acute phase of facial paralysis which recovered gradually.

Before his admission to our unit, he had been suspected to have lumbar disc herniation. His lumbar Magnetic Resonance Imaging (MRI) was consistent with L5-S1 central bulging without neural foramen compression. Electromyography failed to demonstrate any radicular involvement.

On his admission to our unit, we noted antalgic gait pattern on the left side. His neurologic examination was within normal limits however hip range of motion on the left side was limited and painful. Left hip MRI was ordered which revealed grade 2 AVN (Figure). There were focal regions of decreased signal intensity demonstrating ischemia. He was advised to undergo proximal decompression of the hip.

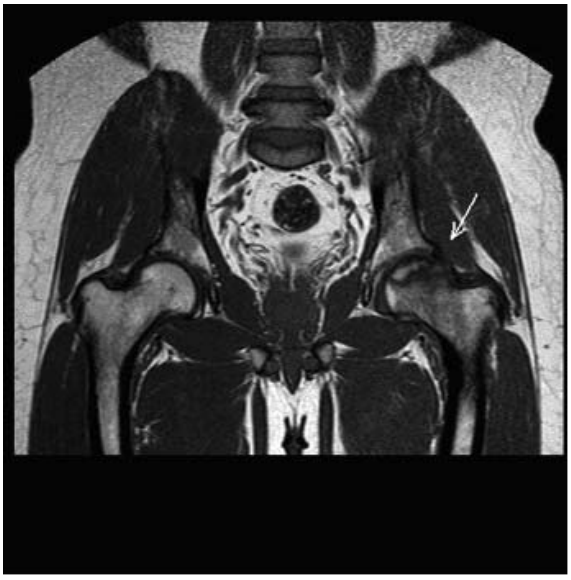

Figure. T1-weighted coronal image of the left hip demonstrated grade 2 vascular necrosis.

DISCUSSION

In facial nerve palsy, the use of corticosteroids has been suggested to limit nerve damage in the acute phase. AVN may be idiopathic or associated with a number of diseases, such as trauma, use of steroids, sickle cell disease, vasculitis and pregnancy.[3,4]

Association of steroid use and AVN is a well-known entity and reported even after a single injection.[5] AVN have been encountered in patients receiving steroids topically[6] and in the inhaler form.[7]

The most commonly reported site of AVN is the femoral heads. However bilateral AVN of the patella following inhaled steroid therapy have been reported.[8] AVN of the metacarpal head is extremely rare and has been described in association with systemic lupus erythematosus, steroid use, trauma, and other sites of bone infarction.[9]

Nonspecific findings identified on MRI had been falsely held responsible for our patient's pain. Radiculopathy involving L4 may radiate to thigh. Lumbosacral radiculopathy also have been reported to mimic scrotal pain in the male patients.[10]

CONCLUSION

Lumbar disc problems should be definitely considered in the differential diagnosis of hip pain. However the clinical findings need to be correlated to the segmental involvement and severity of the spine pathology, otherwise other probable etiologies should be considered in the differential diagnosis.

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