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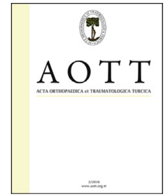

Isolated acetabular osteochondroma of the hip

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A B S T R A C T

We present a case of isolated intra-acetabular osteochondroma in a 21 year-old male who presented with history of right hip pain for 5 years and difficulty in walking. Patient was managed with excision of intra-articular exostoses through surgical hip dislocation. Intra-articular hip osteochondromas can be a rare cause of hip pain in patients with unexplained etiology, and their diagnosis and management can be challenging.

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Introduction

Osteochondromas are common benign osteo-cartilaginous tumors which are commonly found around the knee joint. They are metaphyseal tumors which grow away from the joint line and mostly do not involve the joint.[1] Extra-articular osteochondromas are usually asymptomatic but may become symptomatic in case of fracture, bursitis, neural involvement or malignant transformation. In contrast, intra-articular osteochondromas become symptomatic much earlier due alteration of range of motion, abnormal gait and leg length discrepancy (if present in weight bearing joints).[1] Intra-articular location of these benign tumors has been rarely reported, especially in hip. Intraarticular acetabular osteochondroma have been reported in cases of multiple hereditary exostoses[1–3] but isolated intra-articular acetabular osteochondroma has been reported only twice before.[4,5]

Case report

A 21 year old male presented with complaints of right hip pain for 5 years which was insidious in onset and non-radiating in nature. He presented initially with history of increased pain on walking, which was relieved by rest. But at presentation, the patient had rest pain and difficulty in doing activities of daily living. There were no associated medical co-morbidities and no family history of similar complaints.

Physical examination showed an antalgic gait and painful restriction of the hip (flexion and internal rotation) in terminal range. Laboratory tests were within normal limits. X-ray pelvis showed bony growth in right hip region on medial aspect of femur and acetabulum with lateral subluxation (Fig. 1). CT scan confirmed an exophytic growth arising from right acetabulum with pedunculated stalk of 8–9 cm in long axis and measuring 3 cm along the acetabulum with marked peripheral ossification (Figs. 2 and 3). Further axial CT sections of the pelvis confirmed the origin of the lesion form the floor of the acetabulum (Fig. 4). The lesion was abutting the femur in the region of head and neck with cortical thickening without any erosive changes or attachment. The findings were suggestive of osteochondroma arising from acetabulum. There was also evidence of mild attenuation of right hip joint space suggesting early right hip joint arthritis. There was no history of bony swelling in other parts of the body. Generalized clinical examination also did not reveal any significant bony swelling in any other part of the body.

He was operated with excision of osteochondroma through surgical dislocation of hip with Ganz's approach (Fig. 5).[6] Excision was done piecemeal as the lesions were found as loose bodies as well as a large pedunculated mass inside the joint. All loose osteochondral pieces were removed from the acetabulum (Fig. 6). The fixation of osteotomized trochanteric fragment was done

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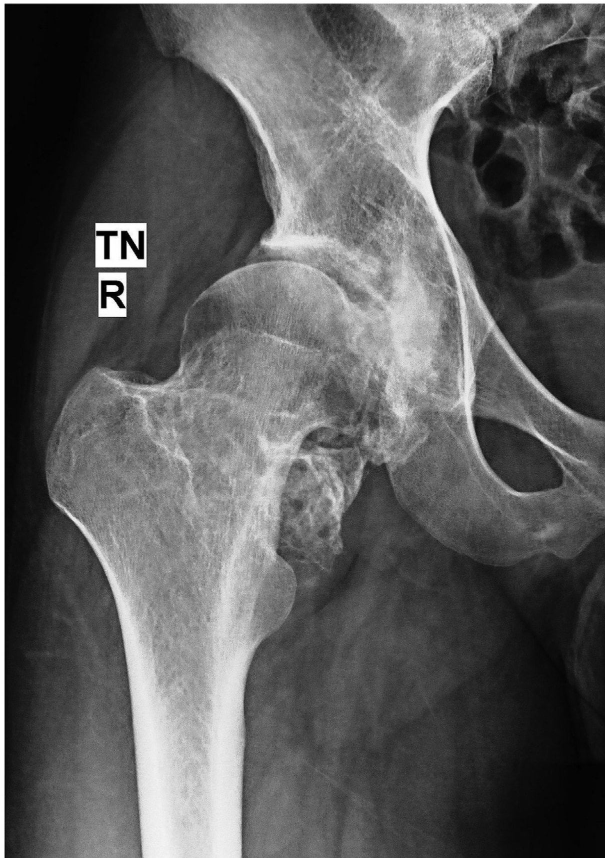

Fig. 1. AP radiograph showing bony mass in hip joint with lateral subluxation of hip.

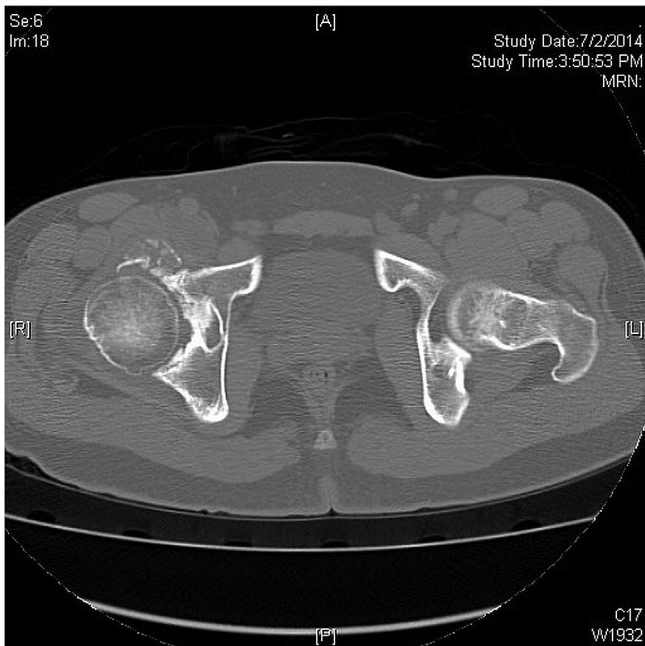

Fig. 2. CT scan showing intra-acetabular osteochondroma with extension to medial aspect of femur.

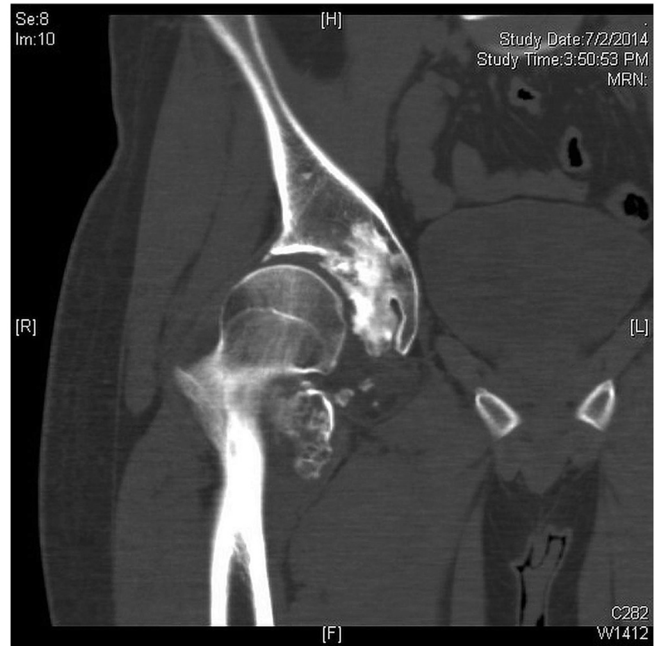

Fig. 3. CT scan showing origin of osteochondroma from right acetabulum with lateral subluxation of femur head.

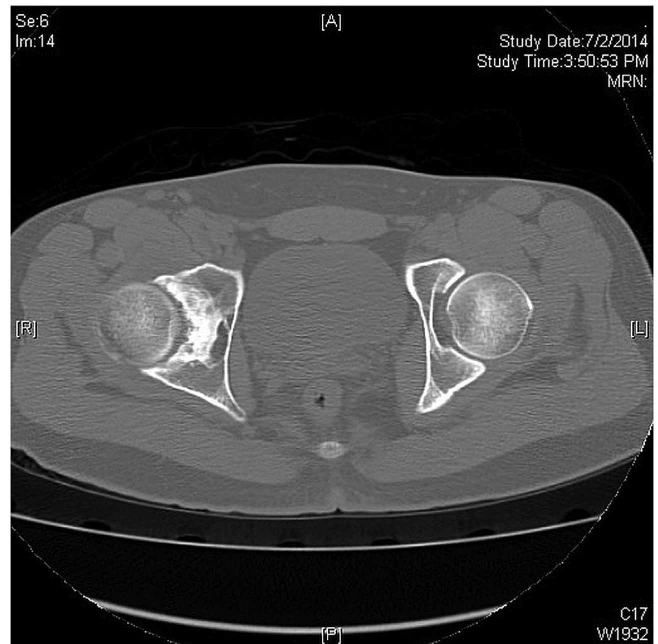

Fig. 4. CT scan with further axial sections showing origin of the lesion form the base of the acetabulum.

with two 4.0 mm cancellous screws. Histopathological examination of the removed osteo cartilaginous specimen showed cartilage thickness from 0.2 cm to 1 cm with cartilaginous cap with bony tissue beneath. Microscopically, the specimen showed cartilage cap of variable thickness made up of moderately cellular

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