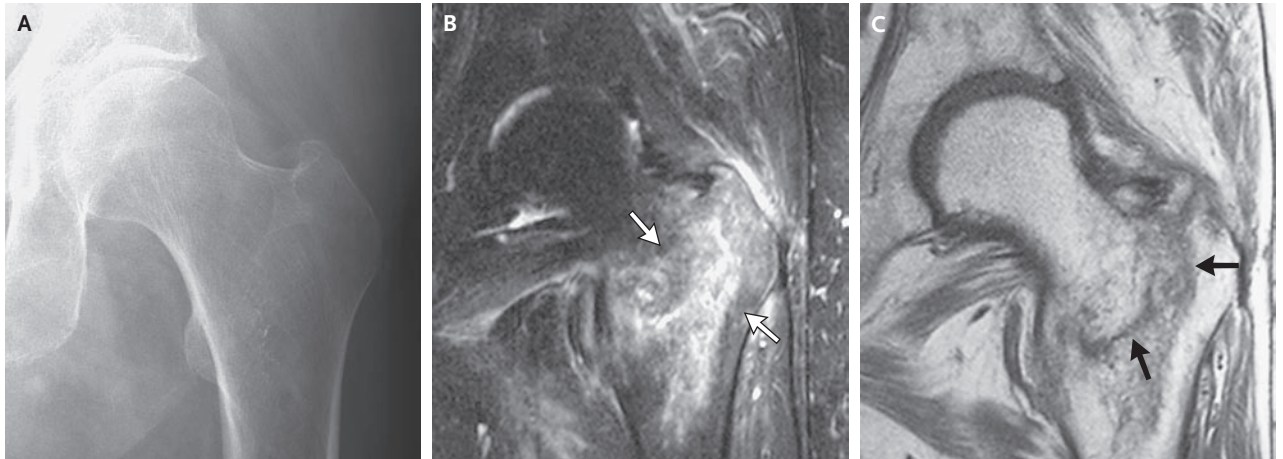


IMAGES IN CLINICAL MEDICINE

Occult Hip Fracture



AN 87-YEAR-OLD MAN TRIPPED AND FELL; SUBSEQUENTLY, PERSISTENT pain developed in the left hip. A radiograph of the left hip 2 weeks after the fall revealed diffuse osteopenia with no evidence of fracture (Panel A). Because clinical suspicion of fracture was great, magnetic resonance imaging (MRI) of the hip was performed, which revealed edema (on fat-suppressed fast spin-echo T₂-weighted coronal imaging [Panel B, arrows]) and a nondisplaced fracture line (on T₁-weighted coronal imaging [Panel C, arrows]) in the intertrochanteric left hip. The patient desired nonoperative management, and therefore he was given restrictions on weight-bearing activity with close orthopedic follow-up. He was treated empirically with calcium and vitamin D supplementation and a bisphosphonate. The patient has done well, with resolution of hip pain after 4 months of restricted weight-bearing. If hip fracture is not promptly recognized (such as on MRI) and treated, a nondisplaced fracture may, over time, become displaced because of continued weight-bearing, requiring more-invasive surgery, such as hip arthroplasty, for treatment.

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