

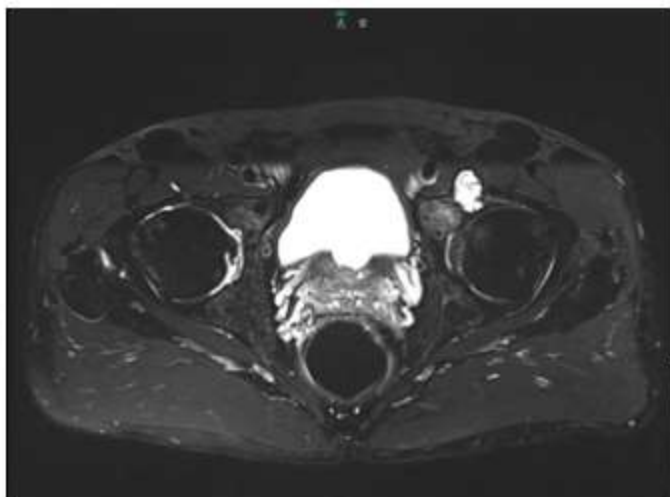
Hip Paralabral Cyst Masquerading as Lumbosacral Radiculopathy and Urologic Disease

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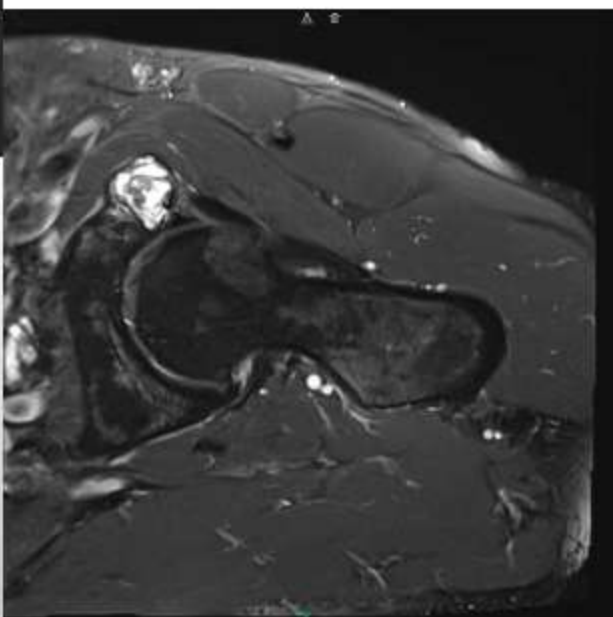
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Background

Chronic groin pain is a diagnostic challenge due to overlapping presentations across musculoskeletal, neurological, and urologic systems. In older adults, benign prostatic hyperplasia (BPH) is a common consideration for groin discomfort and urinary symptoms. However, underlying hip pathology—such as femoroacetabular impingement, labral tears, or degenerative joint disease—can manifest with similar complaints. A thorough musculoskeletal exam and targeted imaging are essential to prevent unnecessary invasive interventions when hip pathology is the primary cause [1–3].



MRI of Left Hip showing juxta-articular mass arising from the anterior superior acetabulum associated with a small labral capsular tear most likely a paralabral cyst indicative of chronic labral dysfunction and labral tearing.



Case Report

- 60-year-old male presented with chronic left-sided groin pain and nocturia.
- Initially referred to urology, and underwent Urolift procedure followed by transurethral resection of the prostate (TURP) for presumed BPH, without symptom relief.
- Referred to the pain clinic for further evaluation. Initial differential included lumbosacral radiculopathy, urologic pathology, and musculoskeletal sources.
- Physical examination notable for tenderness over the left groin, with positive FABER (Flexion, Abduction, External Rotation) and FADIR (Flexion, Adduction, Internal Rotation) tests, suggestive of intra-articular hip pathology.
- A diagnostic intra-articular hip injection under ultrasound guidance was performed using a combination of local anesthetic and corticosteroid, which resulted in complete and immediate resolution of his groin pain. He was referred to orthopedics and is now awaiting left total hip arthroplasty.

Discussion

This case highlights the challenge of distinguishing hip pathology from urologic conditions. Labral tears, cysts, and degenerative joint disease can present as anterior groin pain, a symptom overlapping with lower urinary tract disorders [3] and nerve root compression syndromes. Groin pain requires careful examination and optimal use of imaging due to overlap between hip related pathology, urological conditions and radiculopathy. Accurate diagnosis is essential for appropriate management and to prevent unnecessary procedures for the patients.

Differential Diagnosis

Feature	Hip Paralabral Degenerative Disease	Lumbosacral Radiculopathy	Prostatic Disease (e.g., BPH, Prostatitis)
Age Group	Middle-aged to older adults	Any, often >40 years	Older males (>50)
Primary Complaint	Groin pain, limited hip motion	Radiating leg pain, numbness	Groin Pain, Urinary frequency, urgency, weak stream
Pain Radiation	Anterior thigh	Posterior thigh, below knee	Perineum, suprapubic area (rare)
Aggravating Factors	Walking, hip rotation	Sitting, coughing, lifting	Urination, prolonged sitting
Neuro Signs	None	Sensory/motor loss, reflex changes	None
Exam Findings	↓ ROM, pain with IR, FABER +	+SLR, dermatomal weakness	Enlarged or tender prostate on DRE
Gait	Antalgic, stiff hip	Steppage or foot drop (severe)	Normal
Key Imaging	MRI hip: labral tear, degeneration	MRI spine: herniation, stenosis	US or MRI: enlarged prostate

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