Atypical Hip Pain in a Young Stroke Patient: Lessons in Pain Pattern Recognition During Inpatient Rehabilitation

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INTRODUCTION

Hip pain in young patients with recent stroke history presents a broad differential. Common etiologies include spasticity-related pain, muscular or tendinous injury, and myofascial pain syndromes. However, in patients with concurrent oncologic diagnoses, metastatic disease must remain on the differential even when a more apparent explanation exists. This case illustrates the importance of maintaining diagnostic vigilance when pain patterns are inconsistent with the presumed etiology.

MATERIALS AND METHODS

This case report contains no identifiable patient information, and is exempt from IRB review per Burke Rehabilitation Hospital policy. Informed consent was obtained from the patient to publish this case report.

DISCUSSION

In oncologic cases, persistent pain requires unique evaluation. In this particular case, the clinical picture was influenced by multiple factors, including newly diagnosed thyroid cancer and hemorrhagic stroke complicated by spasticity to the affected side. As the patient was previously not found to have bone metastases, proper diagnosis of persistent hip pain etiology was delayed. Diagnosis ultimately lead to restaging of his cancer, proper management of his pain, and complete redirection of his care.

IMAGING

Findings

- Pathological superior acetabular fracture
- T2-weighted images with significant soft tissue extension
- Metastatic disease partially extending into posterior acetabulum to the right superior pubic ramus and right pubic symphysis

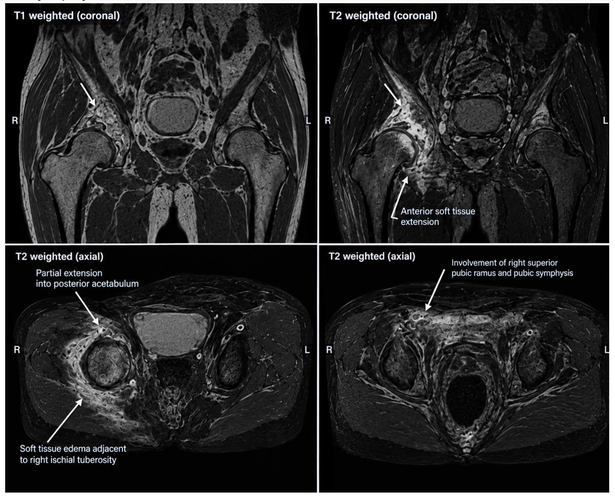


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CASE PRESENTATION

A 36-year-old male with a history of angiofibroma presented with right hemiparesis found to have a left frontal intraparenchymal hemorrhage. He underwent left frontal craniotomy for resection of a frontal lobe tumor, which was subsequently identified as high-grade follicular thyroid carcinoma metastatic to the brain. He then underwent total thyroidectomy with parathyroid autotransplant and cranial radiotherapy. The patient was discharged to and acute inpatient rehabilitation facility. Inpatient rehabilitation course was complicated by persistent, severe right hip pain initially attributed to spasticity. Treatment with baclofen was initiated but provided no meaningful relief. Upon further evaluation during therapy sessions, his pain pattern was noted to be kinesthetically inconsistent with a spasticity-related etiology. A sports medicine consultation was obtained, and point-of-care ultrasound demonstrated a hip joint effusion. Subsequent MRI of the right hip revealed a pathological acetabular fracture secondary to osseous metastatic disease. The patient's thyroid carcinoma was restaged accordingly, and his care was transitioned to palliative medicine.

REFERENCES

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