

Myositis ossificans articulating with the pelvis

A case report

An unusual case of myositis ossificans around the hip region of a 21-year-old male paraplegic is described

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Case report

A 21-year-old male suffered from mental retardation and left-sided spastic hemiplegia following a traumatic brain injury 5 years previously. During a 3-year period he had several times been subjected to corrective surgery because of impaired mobility of the left hip, knee and ankle joints. Lately, a tenomyotomy had been performed on the left *musculus rectus femoris* and *musculus iliopsoas*, with removal of an isolated minor ossification.

The latest admission was caused by progressive pain in the left hip which was only present during weight-bearing and strain. In combination with impaired extension of the hip, the symptoms progressively restricted the patient, who at the time of admission was confined to a wheelchair.

The left hip was contracted in 45° flexion and 30° abduction, and palpation revealed an ill-defined resistance on the medial aspect of the proximal femur. Radiography showed a well-defined bone formation extending from the minor trochanter to the *tuber osis ischii* with the formation of a nearthrosis proximally (Figure 1).

Through an anterolateral approach, the distal basis of the newly formed bone tissue was exposed, and following surgical disengagement from the lesser trochanter, independent mobility in the nearthrosis was revealed. For technical reasons the head of the nearthrosis was left in situ, whereas the rest of the ossification was removed.

The postoperative course was uneventful; 4 days after surgery the patient was discharged with a walker and fair passive motion of the hip joint. When the patient was seen in the outpatient department almost 2 years after surgery, there was still fair mobility in the joint; the patient was free from pain and able to walk with the support of one crutch. However, radiographs showed reossification, but of a less well-defined and cloudier quality than originally.



Figure 1. A preoperative radiograph demonstrates the anatomical relations of the newly formed bone tissue including the proximal nearthrosis.

Discussion

As a young spastic hemiplegic male subjected to several surgical procedures involving the structures around the left hip, our patient must be considered very susceptible to myositis ossificans. In this case the formation of the ectopic bone seems to have increased following the most recently performed tenomyotomy. We find the case of special interest because the para-articular ossification had an unusually well-defined long-bone structure and articulated with the pelvis, forming a nearthrosis. To our knowledge, this anatomical variant has never been described before. The operative approach succeeded in restoring the patient's ability to walk.