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A CASE OF TRAUMATIC MYOSITIS OSSIFICANS IN THE ILIOPSOAS MUSCLE

By

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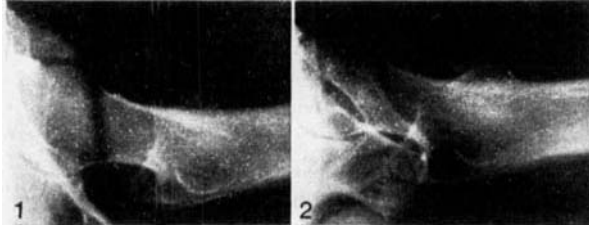
Traumatic myositis ossificans is a rare disease, and it is very unusual for it to affect the iliopsoas muscle. In the case to be reported below it resulted in very annoying limitation of movement in the hip.

CASE REPORT

A woman, aged 43, with no major illness, injured her hand in a lawn mower. Nine days later she developed tetanus and was kept under anaesthesia for 25 days. After the anaesthesia she woke up with a painful left hip in which the movements were highly restricted. The complaints due to the hip prevented her from sitting normally, made it difficult to dress, hardly allowed a normal sex life, and at last resulted in a serious depression.

At the end of about 3 months she was admitted to the Department of Physical Medicine T, University Hospital, Copenhagen. There was some atrophy of the left thigh and gluteal region. The left hip was contracted in 20° flexion and 30° external rotation, and it was doubtful whether the joint permitted any movement at all. Attempts at moving the joint gave rise to pain, and the patient felt pain when sitting and when walking which she could do, however, without a limp. Deep to the inguinal ligament palpation revealed a firm, tender, ill-defined area. X-rays demonstrated a calcific shadow, 10 cm in length, from the neck of the femur towards the lesser trochanter. The calcific shadow was about 1 cm from the bone (cf. Figure 1).

The patient was referred for orthopaedic examination which also indicated myositis ossificans in the lower part of the iliopsoas muscle. The orthopaedists advised against removal of the ossified area, stating that empirically its removal often gives rise to further ossification. The patient was treated for a few weeks with exercises and was given a few injections of corticosteroids with local anaesthetic added. She was discharged and seen in the out-patient department 1 month later. The condition of the hip was unchanged, and so was her mental depression. She was advised to consult John Charnley, chief orthopaedist in a centre for hip surgery at the Wrightington Hospital in England. Three months later Mr. Charn-



ley wrote that he had removed a localized mass of tissue affected with myositis ossificans, and that 4 days after the operation there was almost free mobility of the left hip. The patient was invited for a follow-up examination here about 7 months after operation. She has no subjective complaints from the left hip, and apart from an about 20° restriction of flexion there was free mobility without pain. In the sitting position the patient cannot lift her extended left leg, indicating a considerably impaired function of the iliopsoas muscle (Ludloff's symptom). However, this weakness of the hip flexors on the left is negligible compared with the complaints prior to the operation. X-rays showed that the calcific strand anterior to the femoral neck has disappeared, while at the lesser trochanter there was a bean-sized calcification (Figure 2).

DISCUSSION

The present case represents a rare localization of traumatic myositis ossificans, which more often affects the brachial muscle, the quadriceps femoris, or the adductor femoris muscles (*Bailey & Love 1946, Groh 1962*). However, a similar case has been published by *Aberle-Horstenegg (1931)*. A 35-year-old woman overstretched her hip in a fall (into "the splits"). She developed a large, calcified haematoma in the iliopsoas muscle on the anterior aspect of the hip joint. As this caused considerable limitation of movement, it was removed 6 months later with a good functional result.

In respect to the treatment of traumatic myositis ossificans *Watson-Jones (1955)* feels that surgery is not indicated until the haematoma around the ossification has been absorbed and spontaneous improvement of mobility in the joint no longer occurs. *Bailey & Love (1946)* and *Bertelsen (1959)* state that excision to healthy tissue, chiselling off inhibitory bony tissue may be required, but that this should not be done until the process has become quiescent.

SUMMARY

A case of traumatic myositis ossificans affecting the iliopsoas muscle is reported.

This lesion caused an extremely annoying limitation of movement in one hip. There is a certain tradition for reserve in applying surgical treatment, although several textbooks of general and orthopaedic surgery do emphasize that it is indicated by disabling limitation of movement.

Our patient underwent operation in a centre for hip surgery in England and obtained an excellent functional result.

RESUME

Etude d'une observation de myosite ossifiante traumatique localisée dans le muscle iliopsoas. La maladie a entraîné une réduction gênante de la mobilité de l'une des hanches. Traditionnellement, c'est avec une certaine prudence qu'on a recours à la thérapie opératoire dans les cas de myosite ossifiante bien que plusieurs manuels de chirurgie et d'orthopédie soulignent comme indication d'une intervention une réduction invalidisante de la mobilité provoquée par cette maladie.

Notre malade a été opérée dans un centre de chirurgie de la hanche en Angleterre avec un excellent resultat fonctionnel.

ZUSAMMENFASSUNG

Eine Krankengeschichte mit einer Myositis ossificans, die im m. ileopsoas lokalisiert war, wird durchgegangen. Das Leiden führte zu einer äusserst genierenden Bewegungseinschränkung in einer Hüfte. Es besteht eine gewisse traditionelle Zurückhaltung in der operativen Behandlung der Myositis ossificans, obwohl mehrere kirurgische und orthopädische Lehrbücher die Indikation dafür bei invalidisierender Bewegungseinschränkung als eine Folge des Leidens hervorheben.

Unser Patient wurde an einem Zentrum für Hüftchirurgie in England mit ausgezeichnetem funktionellen Resultat operiert.

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