CLINICAL SNAPSHOT

An Unusual Cause of Hip Pain

A previously healthy 50-year-old man (body mass index 28.3 kg/m²) presented to the rheumatological emergency room with acute pain in his left hip. Clinical examination revealed painful sensitivity to pressure and marked functional impairment of the hip. Laboratory analyses showed increased erythrocyte sedimentation rate (ESR; 56 mm/h) and C-reactive protein (CRP; 3.3 mg/dL); the remaining findings were normal. Radiologically, an area of cystic structural perturbation was found in the left acetabular roof. Arthrosonography revealed left-sided coxitis. Uric acid crystals were detected on aseptic aspiration and polarized optical analysis. Treatment with etoricoxib, prednisolone, and colchicine was initiated, with febuxostat added later. Uric acid tophi usually develop 5 to 15 years after disease onset. Gouty arthritis in the form of coxitis usually manifests when a tophus is already present at an unusual site (this kind of onset is subtle and the hips are often spared). Gouty arthritis should therefore be borne in mind as a possible cause of coxitis, even if the serum concentration of uric acid is normal.

Prof. Dr. med. Uwe Lange, Prof. Dr. med. Ulf Müller-Ladner, Abteilung Rheumatologie, Klinische Immunologie, Osteologie, Physikalische Medizin, Campus Kerckhoff-Klinik der Universität Gießen, Bad Nauheim, u.lange@kerckhoff-klinik.de

Conflict of interest statement: The authors declare that no conflict of interest exists.

Translated from the original German by David Roseveare.

Cite this as: Lange U, Müller-Ladner U: An unusual cause of hip pain. Dtsch Arztebl Int 2019; 116: 412. DOI: 10.3238/arztebl.2019.0412b

a) Radiograph of left hip joint with an area of cystic structural perturbation in the left acetabular roof

b) Polarization-optical detection of uric acid crystals (negatively birefringent)