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INTERACTIVE CLINICAL CASE

Diagnosis of painful hip in childhood

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INTRODUCTION

Due to the prevalence of hip pain in children, this situation should be systematically addressed.

CASE REPORT

Patient, 2 years old, complaining of claudication for three days and progressive worsening of pain. Absence of fever, no previous history of infections and/or trauma. On examination, the presence of pain on manipulation of the left hip, difficulty in walking and absence of local phlogistic signs. Blood count and inflammatory tests within the normal range and radiography of the hip and lower limbs without alterations.

Hip pain in children is a common reason for medical consultations. Congenital processes, developmental dysplasia, infectious, inflammatory, traumatic, neoplastic and rheumatological processes are common causes. The most frequent etiology is:

a) Osteomyelitis
b) Hip dysplasia
c) Epiphysiolysis
d) Transient synovitis of the hip

Reply

Transient hip synovitis is the most frequent cause of childhood hip pain. The age of involvement varies from eighteen months to thirteen years, but is mainly concentrated in the age group of three to eight years. More than half of cases have a history of upper respiratory tract infection or mild trauma.

Given the most common etiology of painful hip in childhood, how is the diagnosis made?

a) Findings on radiographs suggest the diagnosis that can be confirmed by ultrasound.
b) Laboratory alterations (increased erythrocyte sedimentation rate and C-reactive protein) and positive culture are highly suggestive of the condition.
c) The diagnosis is one of exclusion.
d) MRI would be the best test for early diagnosis

Reply

The diagnosis is one of exclusion. Plain radiography does not identify synovitis, but it can rule out other causes of a child's hip pain. Authors report that it is possible to differentiate between transient hip synovitis and Legg-Calvé-Perthes disease by ultrasound analysis of the joint[1].

DISCUSSION

Faced with a diagnosis that requires time of evolution to be confirmed, it is essential to know the patient's complaint well and relate it to possible differential diagnoses. In the present case, hospitalization and regular analgesia were indicated. The patient

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evolved well with progressive pain remission after 48 hours. Treatment is supportive. Painkillers and anti-inflammatories may be prescribed[2].

CONCLUSION

Faced with a diagnosis that requires time of evolution to be confirmed, it is essential to know the patient's complaint well and relate it to possible differential diagnoses.

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