Baylor University

HISTORY

During a race, a 35-year-old marathon runner complained of experiencing dull, achy pain in the right groin. After the race, he occasionally experienced radiating pain in the right thigh. The athlete was examined by a general practitioner (GP). During the clinical evaluation, the athlete had no signs of tenderness or swelling. The GP suggested rest and prescribed antiinflammatory medication.

PHYSICAL EXAMINATION

Ten days later, during training, the athlete felt the same discomfort after a challenging training session. He, then, decided to see an orthopedic physician. At the clinical examination, there was no localized pain. Focal pain was present during weight-bearing activities only. Initial showed no significant x-rays abnormality or fracture. However, due to the complaints of the athlete, the doctor suggested additional xrays (Figure A) and an MRI (Figures B & C).

DIFFERENTIAL DIAGNOSIS

- 1. Lumbar radiculopathy
- 2. Rectus femoris strain
- 3. Abductor strain
- 4. Trochanteric bursitis

Clinical Case Study: Femur Stress Fracture - Marathon BILLAL SIDDIQ¹, NIKOLAOS GRAVVANIS², LISA VICENCIO³, & ANDREAS STAMATIS⁴ FACSM

Ray

¹Hankamer School of Business; Baylor University, Waco, TX ²Sports Medicine; General Hospital of Nikaia; Athens, Greece ³Athletic Training; SUNY Plattsburgh; Plattsburgh, NY ⁴Exercise and Nutrition Science; SUNY Plattsburgh; Plattsburgh, NY

Our clinical case gives an indication of the decision-making process so that other physicians can apply lateral thinking to their own cases



Figure A. Frontal Plane Femur X-



Figure B. Transverse Plane Femur MRI



Figure C. Frontal Plane Femur MRI

Corresponding author: Andreas Stamatis (astam004@plattsburgh.edu)



STATE UNIVERSITY OF NEW YORK PLATTSBURGH

TEST AND RESULTS

- X-ray showed a fracture of the middle shaft of the femur
- MRI showed a medial periosteal reaction in the femoral shaft (high fluid signal) - Pain, especially during internal rotation
- Pain on the affected side with a single-leg stance
- Pain during activity, reproducible on passive range of motion

FINAL/WORKING DIAGNOSIS

Stress fracture of the middle shaft of the right femur

TREATMENT AND OUTCOMES

- 1. Tolerate weight bearing if no displacement occurs (four months max.)
- 2. Treatment by a metabolic physician (Vitamin D deficiency or other)
- 3. Continuing follow-up with repeated imaging: Verify resolution and minimize the progression to displacement
- 4. Surgery if conservative management fails (see #1-3)
- 5. Intramedullary rodding (surgical procedure)

Γενικό Νοσοκομείο Νίκαιας «Άγιος Παντελεήμων»