INTRODUCTION

The synchondrosis ischiopubic (SIP) is the cartilaginous union between the lower ischium and pubis branch in infancy. It is a temporary joint which is slimming to obliterate a bone fusion with skeletal maturation. This process, which is completed before puberty, is asymptomatic, however some children develop osteochondritis with pain and lameness.

We describe a 9-year-old girl who had pain in the left inguinal region of 5 days of evolution. Not a traumatic history. Afebrile. Scan it emphasized limitation to the expansion and external rotation of the hip without inflammatory signs. The complete blood count, biochemistry, blood and acute phase reactants were normal. Pelvis AP x-ray (Figure 1) showed widening radiolucent in left SIP associated with irregular margins.

Given the pseudotumoral aspect was carried out magnetic resonance imaging (MRI) for the differential diagnosis with stress fractures, osteomyelitis and tumors. Axial image (proton density) PD (Figure 2) confirms widening of the SIP, as well as the irregularity of the same margins. In the STIR (short tau investment recovery) axial image (Figure 3), the left SIP presents a discrete hyperintensity...
inside, keeping a hypointense central band, and an edema in the corresponding adjacent bone marrow. This sequence overrides the signal intensity of bone marrow fat allowing you to more easily distinguish the bone edema.

These images confirmed the suspected diagnosis of “Osteochondritis of Van Neck-Odelberg”, prescribing complete rest and anti-inflammatory drugs, with favorable evolution.

REFERENCES


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