A Case of the Week

Case 413

A fifty-six-year-old female presented in our hospital for advanced osteoarthritis of right hip joint, expecting orthopedic hip joint replacement. Last year, she received spine surgery for sacral cysts, inducing bacterial spondylitis and urinary-rectal disorder. She took right hip joint for further investigation (Figs 1-6).

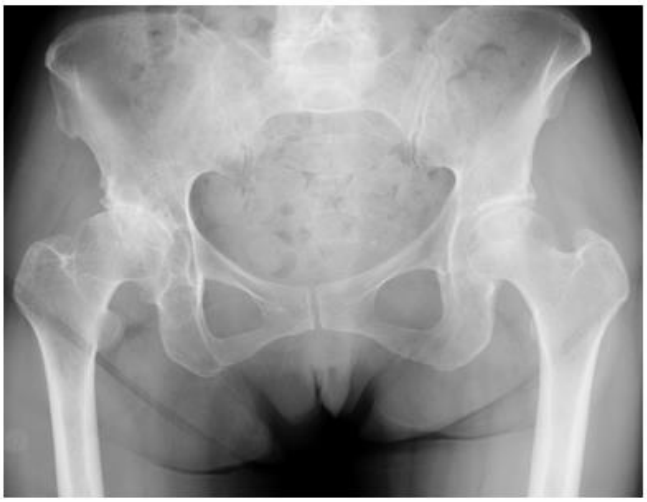

Fig. 1 Osteosclerosis and narrow cleft of tight hip joint is depicted on pelvic radiograph.

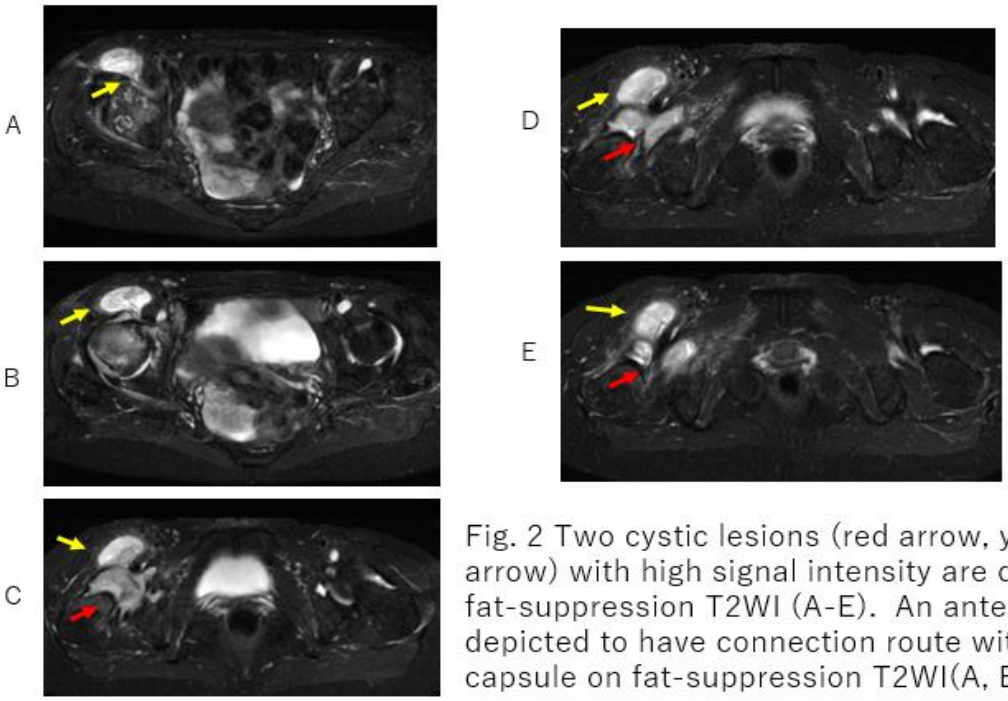

Fig. 2 Two cystic lesions (red arrow, yellow arrow) with high signal intensity are depicted on fat-suppression T2WI (A-E). An anterior cyst is depicted to have connection route with a joint capsule on fat-suppression T2WI(A, B).

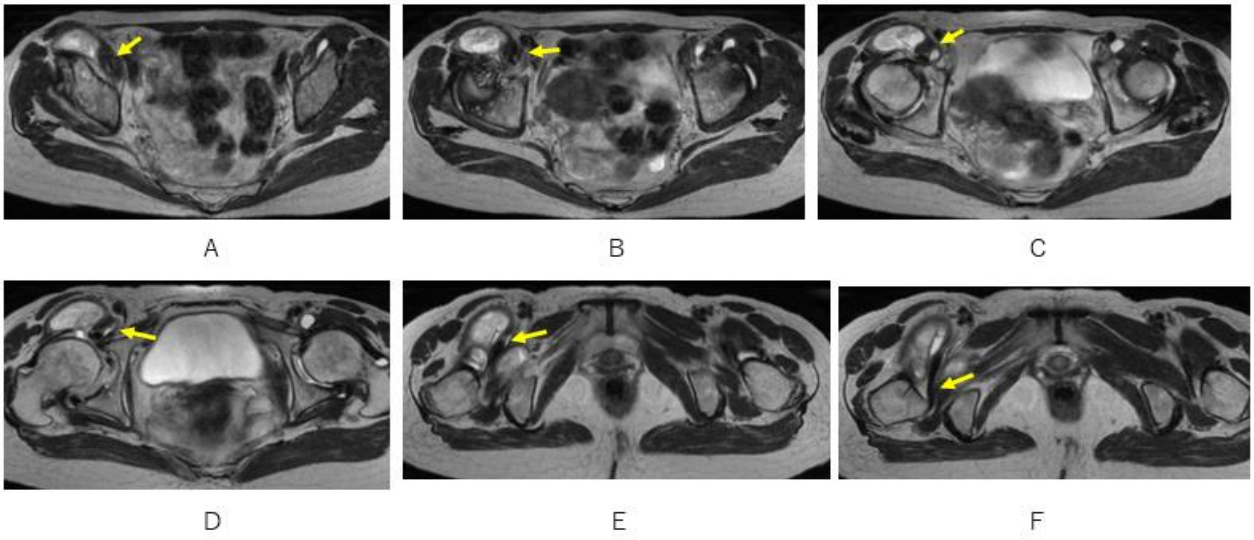

Fig.3 An arrow indicates psoas muscle which stays on the ilio-pubic eminence (A), progressing medial to the cystic lesion (B-E) and reaching lessor trochanter (F).

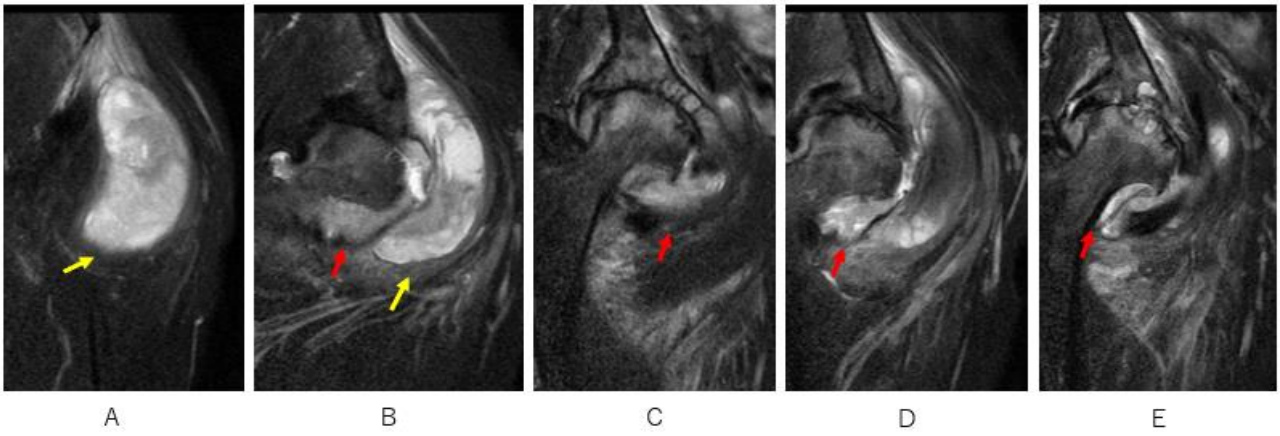

Fig.4 Two cystic lesions (red arrow, yellow arrow) with high signal intensity are depicted on sagittal fat-suppression T2WI (A-E). There looks no communication route with between them.

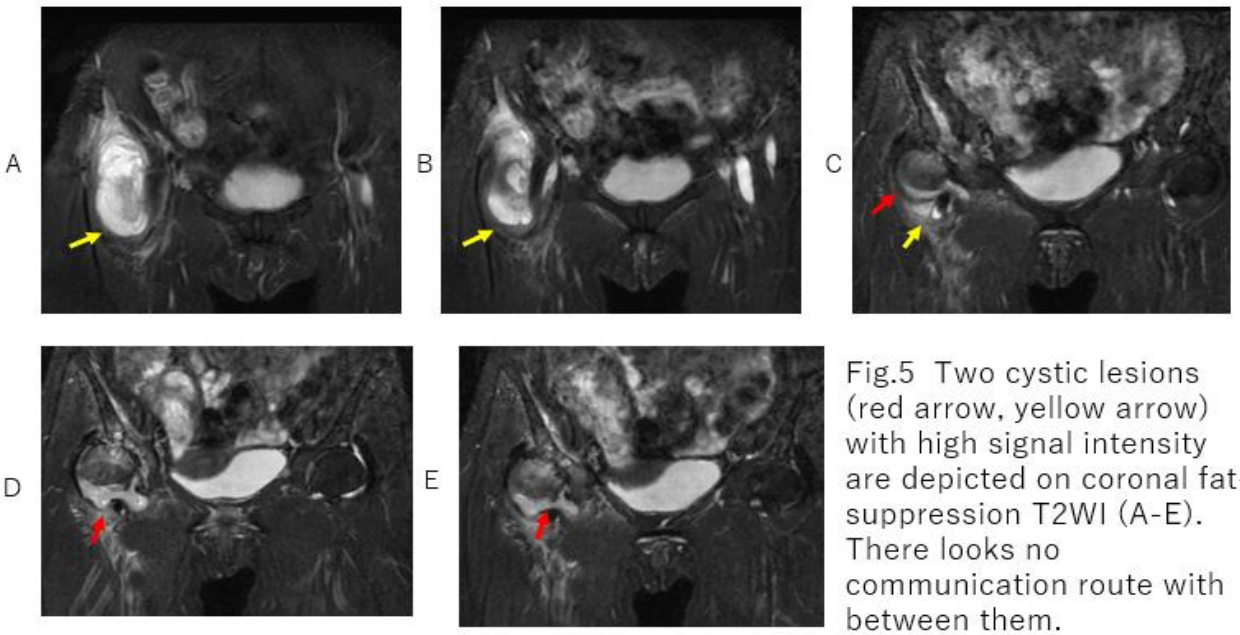

Fig.5 Two cystic lesions (red arrow, yellow arrow) with high signal intensity are depicted on coronal fat-suppression T2WI (A-E). There looks no communication route with between them.

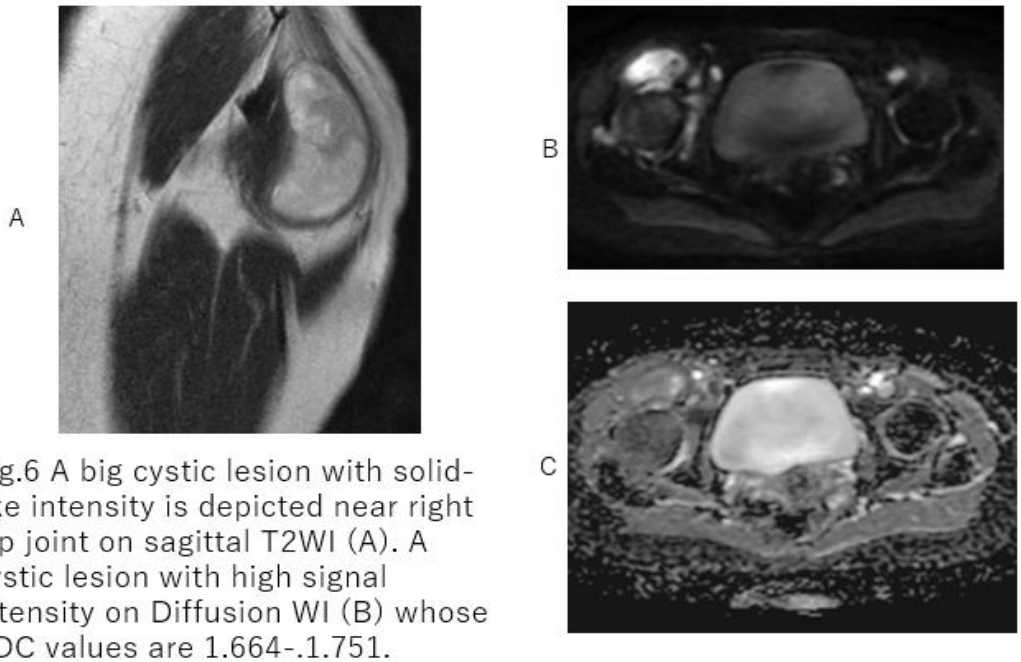

Fig.6 A big cystic lesion with solid-like intensity is depicted near right hip joint on sagittal T2WI (A). A cystic lesion with high signal intensity on Diffusion WI (B) whose ADC values are 1.664-.1.751.

What is an imaging diagnosis on MRI?

1. **Synovitis Synovial cyst**
2. **Ganglion**
3. **Iliopsoas bursitis**
4. **Pigmented villonodular synovitis**

answer

2025.11.28