A giant synovial cyst of the hip mimicking a deep vein thrombosis

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Introduction:

Synovial cysts of the hip are rare. Predilections of these are usually at the wrists, ankles and knees. Causes for hip cysts are rheumatoid arthritis, idiopathic necrosis of the femoral head, acute arthritis or hip replacement. The aetiology is not yet fully understood, but there is coherence with a weak capsule due to degeneration, trauma or inflammatory disease. In the hip joint we find the incisura acetabuli, it is bordered by the ligamentum transversum acetabuli. This is the area in which the ganglion can arise to the pelvis and when it progresses in size it can compress the lacuna vasorum. The pressure on the lacuna vasorum causes ipsilateral edema and pain imitating a thrombosis. It can even lead to a compression of the femoral or external iliac artery. In our case the compression of the right external iliac vein was diagnosed.

Case Report:

A 78-year-old female was admitted to the hospital with symptoms of massive swelling, livid discolouration and pain of the right leg. These symptoms had been progressing over the last six months. Due to arthrosis on the right hip, the patient had a hip replacement in 1979. Because of aseptic loosening of the prosthesis, it had to be replaced in 1998 and again in 2014, as well as the reconstruction of the acetabulum. Before the second hip prosthesis replacement the patient noticed swelling of the right leg, which was receding over a short period of time after surgery. Now however, the patient has trouble walking as a result of the symptoms.

In the patient examination, we found a heavily swollen, overheated and livid coloured right leg. Palpation of the right groin showed an indolent mass. Further analysis of the blood yielded no results. The duplex sonography of the leg showed a heavily narrowing of the right external iliac vein without signs of a thrombosis. A computer tomography of the abdomen showed a round smooth mass with the diameter of 10cm retroperitoneal. The tumour was compromising the iliac vessels. Due to the artefacts of the hip replacements the origin of the growth was hidden. Our working hypothesis was a chronic haematoma which could be caused by one of the screws penetrating the pelvis minor.

The intraoperative findings showed a giant cyst sourcing from the right hip filled with degraded blood. The cyst was completely removed. After surgery, the symptoms regressed rapidly and the patient was discharged after six days.

CONCLUSION

A synovial cyst of the hip causing swelling of lower limb is a rare occurrence. A differential diagnosis of deep vein thrombosis is needed. If such a compressing cyst is found, complete surgical removal is recommended.

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