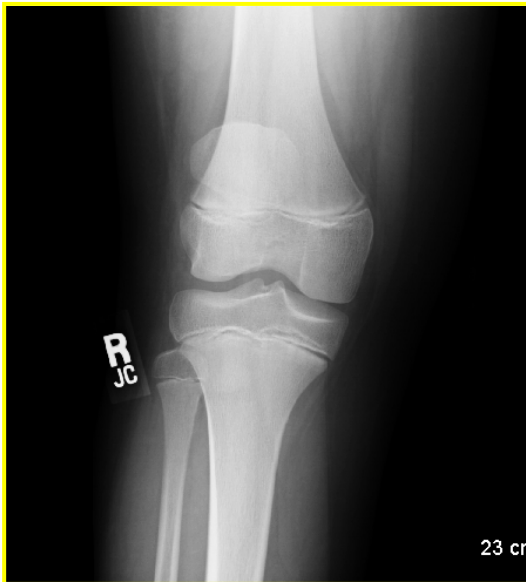


July 2011 Radiology Case Study: Slipped Capital Femoral Epiphysis....

Erin S. Hart, NP

History of Present Illness: The patient is a 9 year-old female with a 3-4 month history of right knee pain. Past medical history is unremarkable, other than obesity (BMI 38). She developed an insidious onset of anterior knee pain approx 4 months ago with no known trauma, fall, or injury. The knee pain worsened and then she also started to complain of right hip and groin pain and started to walk with a noticeable limp. She was initially seen in an urgent care center where x-rays were obtained.

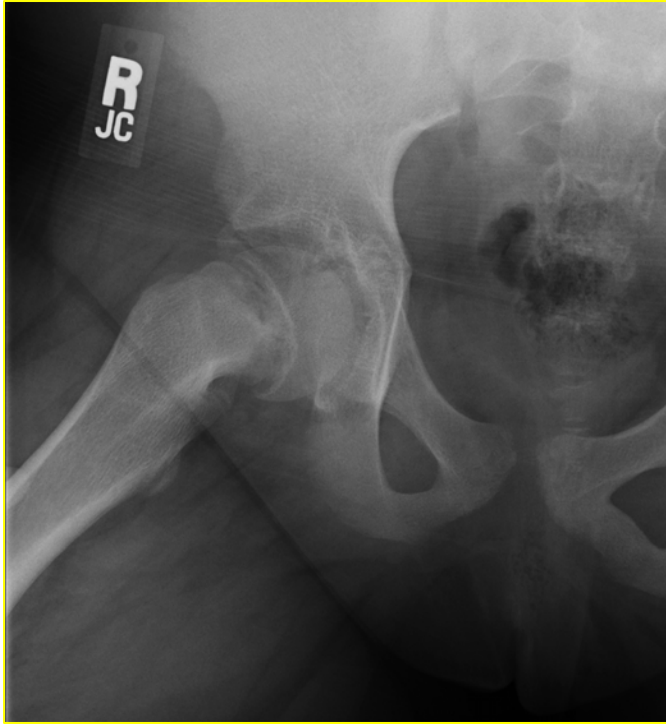


X-rays of the knee were normal, and the patient was discharged home. She continued to complain of knee pain and hip pain and was referred to the orthopaedic clinic for further evaluation.

Physical Examination: The patient is a conversant, cooperative, young female in no apparent distress. Height 160 cm, Weight 225 lbs, She walks with a significant limp, with obligatory external rotation, She has obligatory external rotation with right hip flexion, there is decreased right hip internal and external range of motion (ROM), knee ROM is normal, neurological examination is normal.

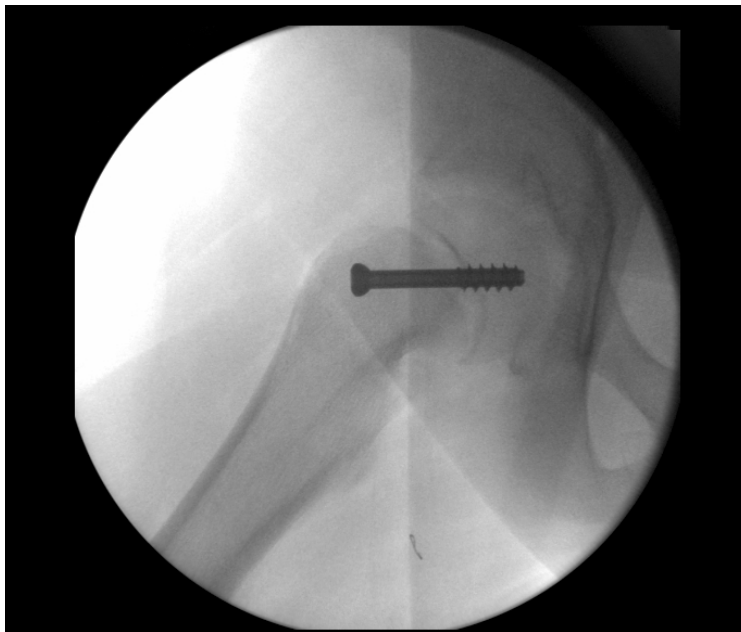
Radiographs of the pelvis was obtained here in our office:





Diagnosis: Right Slipped Capital Femoral Epiphysis

Impression/Plan: Patients with hip pathology will often present with knee pain due to the obturator, femoral, and sciatic nerve pathway. Referred pain to the knee is actually quite common, and should not be overlooked. This patient had an unstable SCFE that could have displaced further if she sustained a fall or injury. She was treated with closed reduction and percutaneous pinning to stabilize the hip. The take home message.....always remember the hip whenever a patient complains of knee pain!!



s/p closed reduction and percutaneous pinning with single cannulated screw

