

Case Presentation

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See case resolution on page 437.

A 67-year-old patient who consulted for pain in the left gluteal region, of several months of evolution, that altered his quality of life. He reported pain when sitting, when starting to walk and when sleeping on the compromised side. As background, he reported a fall from standing height that had taken place 9 months before, from which he landed on the left gluteal area. Upon physical examination, a slight asymmetry of the folds was observed, with increased volume and tenderness in the area of the left gluteus, which began at the tendinous insertion on the greater trochanter, but was more localized on the belly of the muscle in the central area of the gluteus and coinciding with a palpable hard-stone mass. Radiographs, a CT scan, and MRI with contrast medium of the pelvis were ordered.

FINDINGS AND INTERPRETATION OF IMAGING STUDIES

In the anteroposterior radiographs of both hips, an increase in density was observed in the right and left gluteal regions. Calcifications were also recognized in relation to the right lesser trochanter (**Figure 1**).



Figure 1. Anteroposterior pelvic radiograph. Increased density in the left gluteal region and calcifications in relation to the right lesser trochanter.

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Magnetic resonance imaging with contrast medium showed small low-signal images in the right lesser trochanter, with slight post-contrast enhancement. A slight edema was observed in the T2-weighted sequences. In the left gluteal region, the signal in the T1-weighted sequence was intermediate. In the T2-weighted sequence, it was high, with marked enhancement of the contrast medium (Figure 2). Computed tomography revealed mature calcifications in relation to the right iliac psoas muscle and small peripheral calcifications in the left gluteal region (Figure 3).

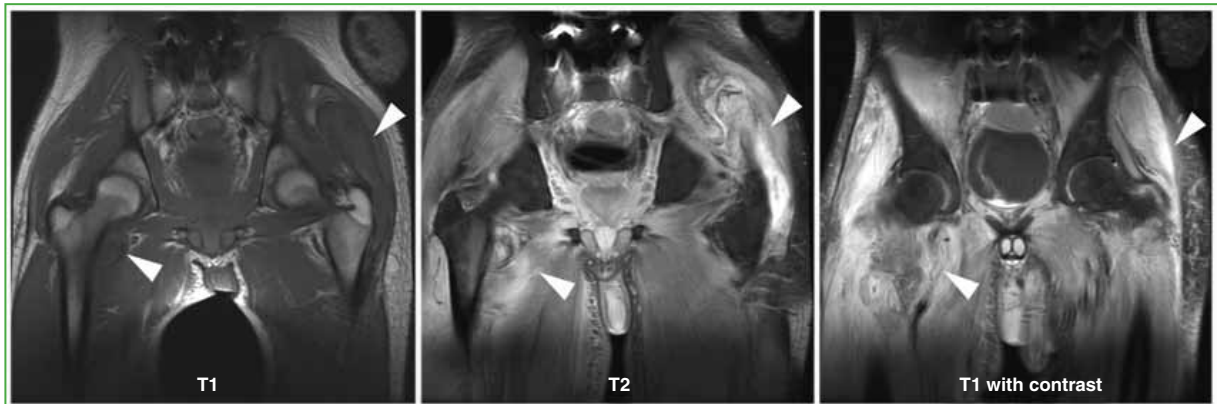


Figure 2. MRI of the pelvis, with contrast medium. In the T1-weighted sequence, low signal images are observed in the right lesser trochanter, with slight post-contrast enhancement. A slight edema was observed in the T2-weighted sequences. In the left gluteal region, the signal in the T1-weighted sequence is intermediate. In the T2-weighted sequence, it is high, with marked enhancement of the contrast medium.

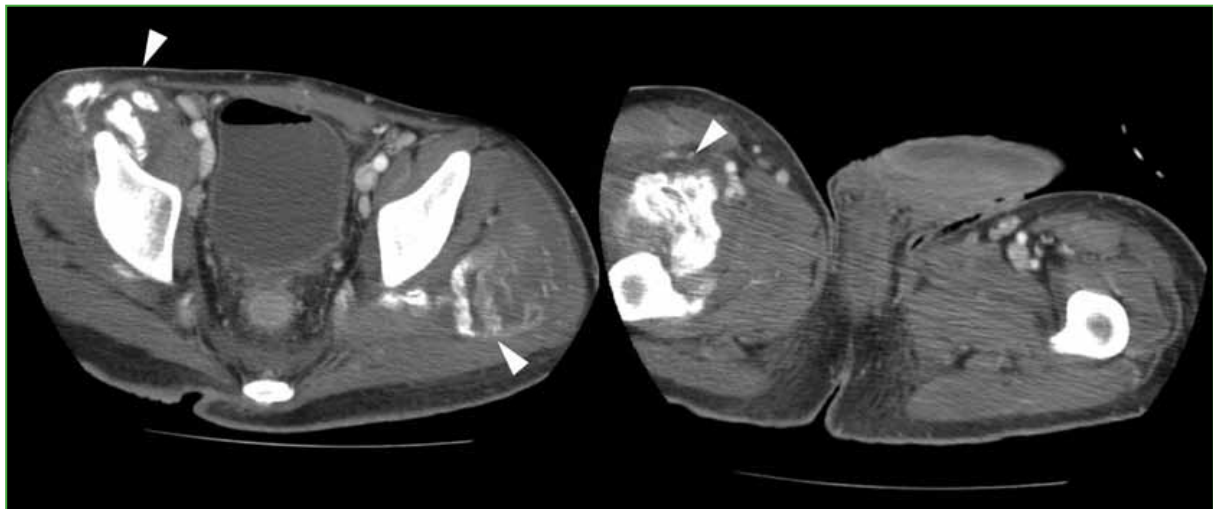


Figure 3. Computed tomography of the pelvis. Mature calcifications in relation to the right iliopsoas muscle and small peripheral calcifications in the left gluteal region.