

Case Presentation

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An 18-year-old male who consulted for knee pain after physical activity, without a history of trauma. Upon physical examination, he did not manifest pain during dynamic or palpatory maneuvers. Anteroposterior and lateral knee radiographs were requested and complemented with an MRI without contrast.

FINDINGS AND INTERPRETATION OF IMAGING STUDIES

No apparent lesions were identified on the radiographs (Figure 1). On the magnetic resonance imaging, significant edema could be observed in the outer femoral condyle, with metaphyseal and epiphyseal involvement, without injury to the growth cartilage, mostly visible in fluid-sensitive and fat-suppression sequences (STIR) (Figure 2A).



Figure 1. Normal anteroposterior and lateral right knee radiographs.

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A low signal was observed in the T2-weighted sequences and an intermediate signal in the T1-weighted sequences (Figures 2B and C).

The patient was indicated to rest from sporting activities and receive medical treatment and physiotherapy.

At 11 months, he consulted again for the persistence of pain which, although it had not increased in intensity, had now extended to the thigh.

Upon physical examination, he did not manifest pain during mobilization or palpation, but he presented hypotrophy, probably due to disuse.

New anteroposterior and lateral radiographs and a new MRI with contrast were ordered.



Figure 2. Knee MRI without contrast. **A.** Coronal, sagittal and axial planes in STIR sequence. A significant (hyperintense) bone edema is observed in the outer condyle in both the metaphysis and the epiphysis (arrow). **B.** Sagittal plane in T2-weighted sequences. Hypointense areas surrounding the growth cartilage are visualized. **C.** Coronal plane in T1-weighted sequences. The faintly hypointense outer condyle is observed.