

A Delayed Presentation Of Slipped Capital Femoral Epiphysis In A Young Adult With Pituitary Macroadenoma

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INTRODUCTION:

Slipped capital femoral epiphysis (SCFE) is a condition defined as proximal-inferior slippage of proximal femoral epiphysis on metaphysis through the physis. It classically presents in the age group of 10 to 15 years old but late presentation may occur in unusual hormonal circumstances. We would like to report a case of SCFE secondary to pituitary macroadenoma which was managed by open reduction.

MATERIALS AND METHODS:

A 24-year-old man presented with a 2-month history of worsening right hip pain after fall during walking due to slippery ground. He was still able to walk with limping gait post fall. Examination revealed mild tenderness over anterior right hip with limited range of motion. He had obligatory external rotation of the right hip or Drehmann's sign was positive. Radiographs showed severe SCFE (Southwick slip angle was 60deg) (Fig.1). MRI of the hip showed no femoral epiphysis necrosis (Fig. 2). We proceeded with open reduction, subcapital realignment and screw fixation (Dunn procedure), and prophylactic pinning of the contralateral hip.

RESULTS:



Fig. 1: Pelvic AP and right hip lateral

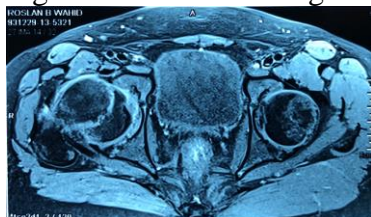


Fig. 2: MRI of right hip (axial)

DISCUSSIONS:

Literature reported only 5.2-6.9% of patients with SCFE associated with endocrinopathy or pituitary tumours. Nevertheless, treatment for the SCFE is still similar to the 'idiopathic' SCFE. Pinning in-situ is still gold standard for mild or mild-to-moderate slip and the best treatment for severe slip is still debatable among orthopaedic surgeons. We chose Dunn procedure in this case, resulting in good reduction and alignment.

CONCLUSION:

The natural history or presentation in SCFE secondary to endocrinopathy or pituitary tumours might be atypical from the usual 'idiopathic' SCFE. However, the approach of management is still the same and Dunn procedure is one of the options for severe SCFE.

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