



## A Rare Co-Existing of Hip and Knee Joint's Synovial Chondromatosis: A Case Report

*Nadir Görülen Kalça ve Diz Sinoviyal Kondromatozis Birlikteliği: Bir Olgu Sunumu*

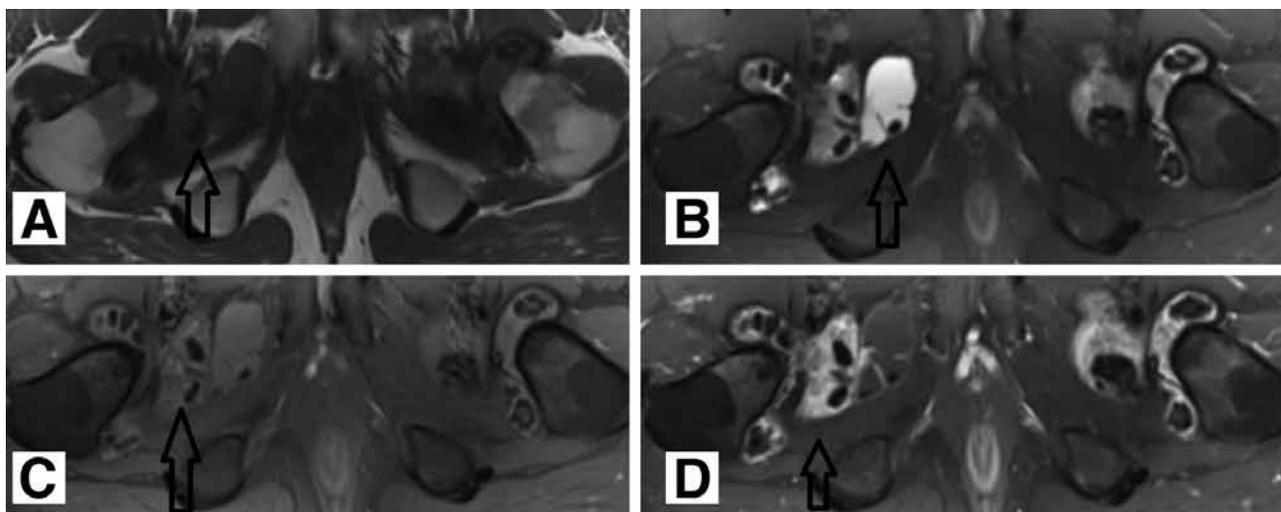
**Fatih Bağcier, Ayhan Kul, Emine Esra Ergül, Akın Erdal**

*Atatürk University Faculty of Medicine, Department of Physical Medicine and Rehabilitation, Erzurum, Turkey*

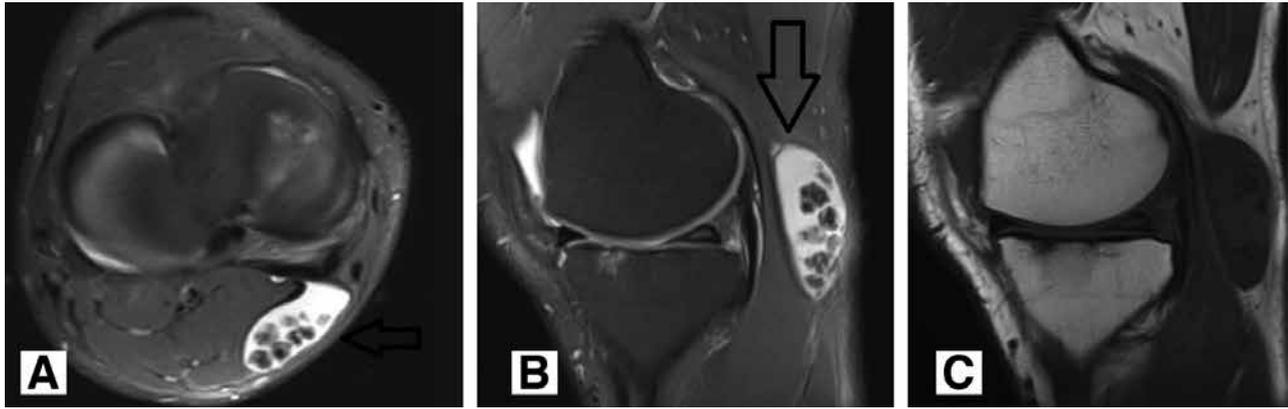
### To the Editor;

A 29-year-old male patient presented to our clinic with progressively worsening bilateral hip pain, right knee pain and swelling. The hip and knee pain started about 3 months ago and increased over time. Pain of the hip joints was spreading bilaterally to the trochanteric regions. The characteristic of the pain was mechanical. He did not feel pain while sleeping. Prolonged sitting or standing caused the hip to lock. Previously, he had received analgesic medications but there had been no significant improvement. There was no pain in any other joint, and there was no history of disease or trauma associated with the hip and knee. Physical examination revealed an antalgic gait and the patient had visibly swollen right popliteal fossa. The motion of the right hip joint was limited and painful in all directions, whereas lumbar and left hip joint motions were unrestricted. He could fully extend his knee, but flexion was restricted to only 120 degrees. Radiography of the pelvis

and knee indicated a narrowing joint space, and there were erosions on the acetabular side of the joint and multiple soft tissue calcifications outside the joint capsule of the right knee. Magnetic resonance imaging (MRI) of the bilateral hip revealed findings consistent with synovial chondromatosis, which filled the joint space completely and MRI of the knee revealed expanded synovium that contained osteochondromas, which were hypointense in all sequences (Figure 1). Orthopedic surgical procedures including arthroscopic debridement were planned with symptomatic right hip and right knee joints. Synovial osteochondromatosis is a rare benign condition characterized by the formation of multiple nodules of hyaline cartilage within the sub-synovial connective tissue (1). The condition is generally monoarticular and involves the knee in more than 50% of the cases (2). The other common joints involved are hip, elbow, shoulder and ankle. In the literature, Kose et al. (3) presented a unilateral hip joint synovial osteochondromatosis case, Mackenzie et al. (4) presented



**Figure 1.** Axial T1 weighted (A), T2 weighted (B), fat saturated T1 weighted (C) and contrast enhanced (D) hip magnetic resonance images of 27 years old man revealed expanded synovium that contained osteochondromas, which were hypointense all magnetic resonance sequences, magnetic resonance images also revealed sinovial contrast enhancement on contrast enhanced sequence



**Figure 2.** Coronal T2 weighted (A), T1 weighted (B) and and contrast enhanced (C) hip magnetic resonance images of 27 years old man revealed expanded synovium that contained osteochondromas, which were hypointense all magnetic resonance sequences, magnetic resonance images also revealed sinovial contrast enhancement on contrast enhanced sequence

a unilateral elbow joint synovial osteochondromatosis case, Shearer et al. (5) presented a bilateral ankle joint synovial osteochondromatosis case. In this case, uncommon co-existence of hip and knee involvement was detected. The more common symptoms were chronic, progressive pain, swelling, loss of motion, and locking, and the most common physical signs consisted of soft-tissue swelling, crepitation, palpable loose bodies, and limited range of motion. As radiotherapy and chemotherapy have no effect on synovial chondromatosis, surgical removal of the affected synovium and the loose bodies is the preferred treatment.

**Keywords:** Synovial chondromatosis, hip joint, metaplastic disorder

**Anahtar kelimeler:** Sinoviyal kondromatozis, kalça eklemi, metaplastik deęişim

### Ethics

Peer-review: Internal peer-reviewed.

### Authorship Contributions

Surgical and Medical Practices: Fatih Baęcıer, Ayhan Kul, Emine Esra Ergöl, Akın Erdal, Concept: Fatih Baęcıer, Ayhan Kul,

Emine Esra Ergöl, Akın Erdal, Design: Fatih Baęcıer, Ayhan Kul, Emine Esra Ergöl, Akın Erdal, Data Collection or Processing: Fatih Baęcıer, Ayhan Kul, Emine Esra Ergöl, Akın Erdal, Analysis or Interpretation: Fatih Baęcıer, Ayhan Kul, Emine Esra Ergöl, Akın Erdal, Literature Search: Fatih Baęcıer, Ayhan Kul, Emine Esra Ergöl, Akın Erdal, Writing: Fatih Baęcıer.

**Conflict of Interest:** No conflict of interest was declared by the authors.

**Financial Disclosure:** The authors declared that this study received no financial support.

### References

1. Sugimoto K, Iwai M, Kawate K, Yajima H, Takakura Y. Tenosynovial osteochondromatosis of the tarsal tunnel. *Skeletal Radiol* 2003;32:99-102.
2. Walling AK, Gasser SI. Soft-tissue and bone tumours about the foot and ankle. *Clin Sports Med* 1994;13:909-38.
3. Kose MM, Durmus O, Ayhan MY, Batmaz AG. A rare cause of chronic hip pain: Intraarticular synovial chondromatosis. *Acta Reumatol Port* 2014;39:349-50.
4. Mackenzie H, Gulati V, Tross S. A rare case of a swollen knee due to disseminated synovial chondromatosis: a case report. *J Med Case Rep* 2010;4:113.
5. Shearer H, Stern P, Brubacher A, Pringle T. A case report of bilateral synovial chondromatosis of the ankle. *Chiropr Osteopat* 2007;15:18.