

Calcific tendinitis of rectus femoris

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A previously healthy 54-year-old female patient presented with acute onset difficulty walking. She reported gradually worsening, severe pain in the right groin that was aggravated with hip flexion. She denied any recent injury or excessive loading. Physical examination revealed localized tenderness at the right anterior inferior iliac spine and a painful snapping hip. Blood examination revealed mildly elevated C-reactive protein (0.94 mg/dL; normal, <0.30 mg/dL). Radiography showed calcifications near the right anterior inferior iliac spine (Fig. 1). Computed tomography showed calcific deposits within the direct head of the right rectus femoris, which corresponded to the location of pain (Fig. 2). This confirmed the diagnosis of calcific tendinitis of the rectus femoris.

Calcific tendinitis can involve either the direct or indirect head of the rectus femoris. Direct head tendinitis is rare and presents with a gradual onset of a painful snapping hip, while indirect head tendinitis causes acute restriction of joint movement.¹ Thus, emergency physicians need to know that, although rare, calcific tendinitis of the rectus femoris can be one of the etiologies of sudden-onset difficulty walking. Calcific tendinitis of the rectus femoris can be self-limiting, but nonsteroidal anti-inflammatory drugs provide quick symptomatic relief.¹⁻³ Aspiration, lavage, and local corticosteroids or anesthetics may be needed in refractory cases.¹⁻³ For this patient, the symptoms completely resolved within two days of loxoprofen administration. Written informed consent for publication of the research details and clinical images was obtained from the patient.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.



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Capsule Summary

What is already known

Calcific tendinitis of the rectus femoris can present with gradual onset of painful snapping (direct head tendinitis) or restricted joint movement (indirect head tendinitis).

What is new in the current study

This case shows that calcific tendinitis of the rectus femoris can be one of the causes of acute onset of difficulty walking, and that calcifications near the anterior inferior iliac spine on radiography can provide a clue to the diagnosis.

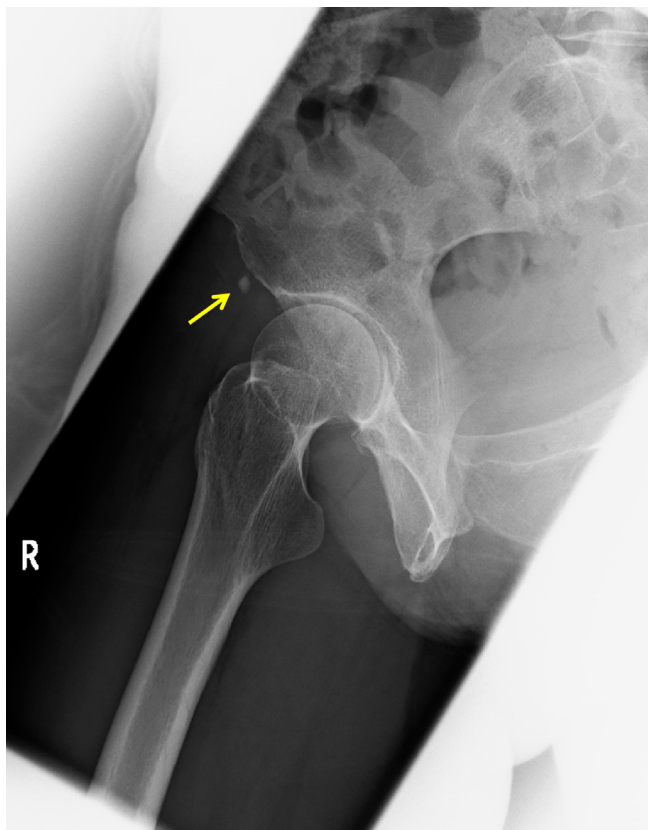


Fig. 1. Radiography revealed calcifications near the right anterior inferior iliac spine (arrow).

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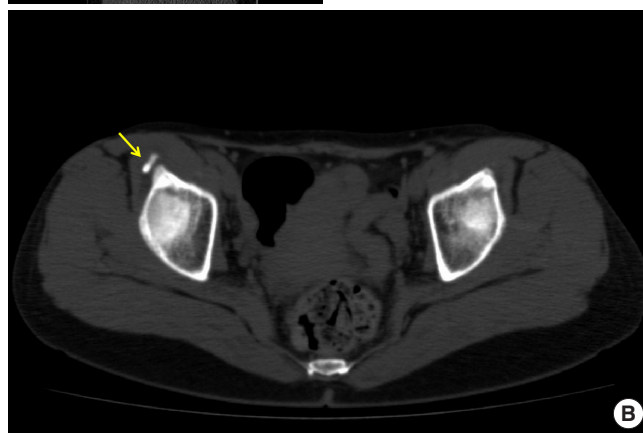


Fig. 2. Computed tomography showed calcific deposits within the direct head of the right rectus femoris (arrows) on (A) sagittal and (B) axial view.

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