

[ PICTURES IN CLINICAL MEDICINE ]

## Iliopectineal Bursa: A Rare Cause of Inguinal Mass

Shoichi Masumoto<sup>1,2</sup> and Yu Yamamoto<sup>1,2</sup>

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**Picture 1.**



**Picture 2.**



**Picture 3.**

A 70-year-old man was referred to our clinic with a left inguinal mass. He had no complaints at the time of the examination except for the left inguinal mass. A physical examination revealed a soft, palpable mass in the left inguinal region without signs of inflammation. Abdominal computed tomography showed a cystic lesion that was not communicating with the abdominal cavity (Picture 1-3) and was com-

patible with iliopectineal bursa. Iliopectineal bursa is a rare cause of an inguinal mass. The differential diagnosis includes inguinal hernia, lymphoma, aneurysm of the femoral artery or vein, and iliopsoas abscess (1). It is commonly complicated with hip joint conditions, such as rheumatoid arthritis, osteoarthritis, and osteonecrosis (1). Patients diagnosed with iliopectineal bursitis are usually asked to rest and are prescribed analgesics. In cases with nerve or vessel compression, surgery is indicated (2). In the present case, we consulted with an orthopedic surgeon, who recommended observation on an outpatient basis. From this case, we learned that physicians should consider iliopectineal bursa as a possible cause of an inguinal mass.

Written informed consent was obtained from the patient for the publication.

<sup>1</sup>Department of Family Medicine, General Practice and Community Health, Faculty of Medicine, University of Tsukuba, Japan and <sup>2</sup>Department of General Medicine, Tsukuba Central Hospital, Japan

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Correspondence to Dr. Shoichi Masumoto, smash422@md.tsukuba.ac.jp

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#### **References**

1. Iwata T, Nozawa S, Ohashi M, Sakai H, Shimizu K. Giant iliopsoas bursitis presenting as neuropathy and severe edema of the

lower limb: case illustration and review of the literature. *Clin Rheumatol* **32**: 721-725, 2013.

2. Mori S, Tamura T, Komatsubara S, et al. A case of femoral nerve palsy caused by iliopsoas bursitis associated with rheumatoid arthritis. *Mod Rheumatol* **14**: 274-278, 2004.

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