

[PICTURES IN CLINICAL MEDICINE]

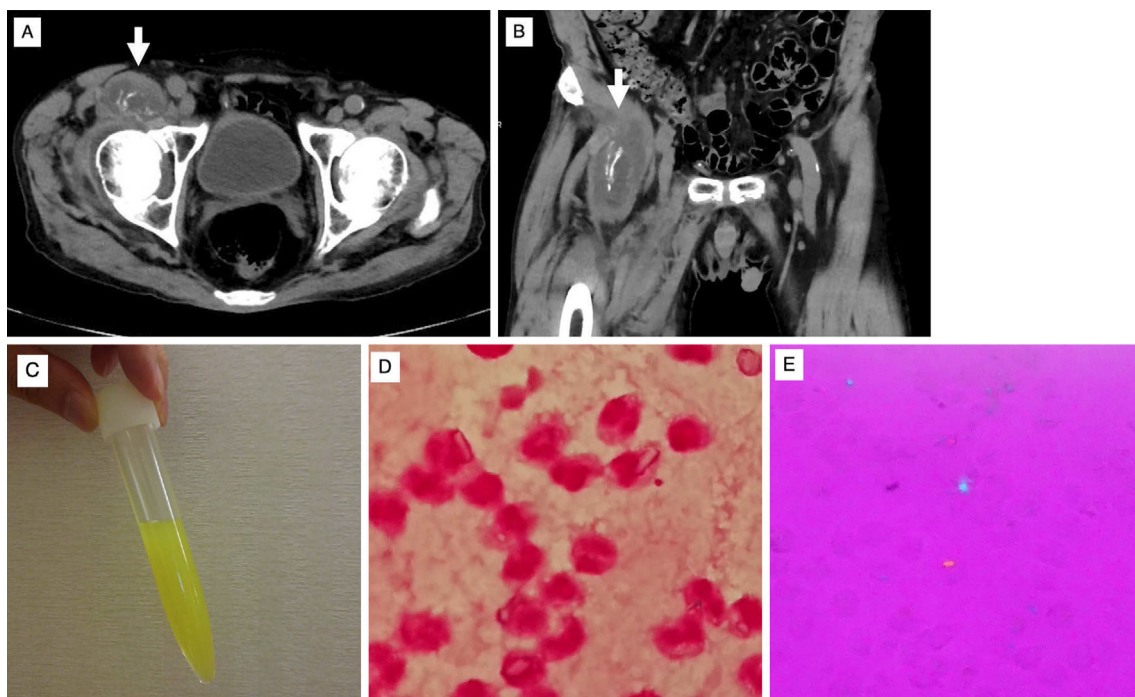
Iliopsoas Bursitis Related to Calcium Pyrophosphate Deposition Disease

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Key words: CPPD, bursitis, iliopsoas muscle, iliopsoas bursitis, calcium pyrophosphate deposition disease

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Picture.

A 71-year-old man had right hip joint pain affecting walking that began six months before admission which abruptly progressed within several days. Tenderness was noted in the right femoral triangle. Plain computed tomography showed a low-density area with calcification in the right hip synovial bursa and iliopsoas muscle (Picture A, B, arrow). Needle aspiration yielded a yellowish opaque fluid (Picture C) from which calcium pyrophosphate crystals were identified on gram stain (Picture D) and polarized light microscopy (Picture E). Culture was negative. After three days of celecoxib treatment, he regained the ability to walk.

Calcium pyrophosphate deposition (CPPD) involving the iliopsoas tendon has been reported (1), and it may cause

bursitis. CPPD-related iliopsoas bursitis is not widely reported (2). Iliopsoas bursitis is induced by various etiology, including septic arthritis (2).

Here, inflammation of iliopsoas bursitis related to CPPD had spread to the iliopsoas muscle. Aspiration of fluid to identify infection is important.

The authors state that they have no Conflict of Interest (COI).

References

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