

# When Persistent Knee and Hip Pain Mask an Underlying Disorder

## Case History

### PATIENT

- 35F with obesity → 10-month history progressive right knee & hip pain

### ONSET

- Valgus injury while ascending stairs

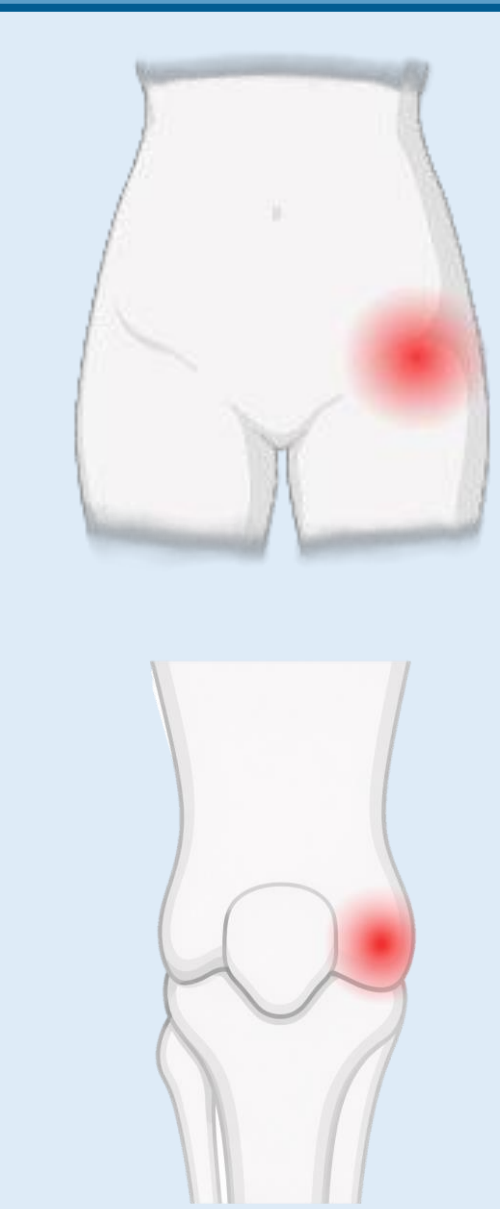
### PERSISTENT PAIN DESPITE

- MRI evaluation
- Corticosteroid injections
- Physical therapy

### PROGRESSION OF SYMPTOMS

- Anterior groin & lateral hip pain
- Advanced to posterior hip pain
- Associated swelling and coolness

### PAIN LOCATION



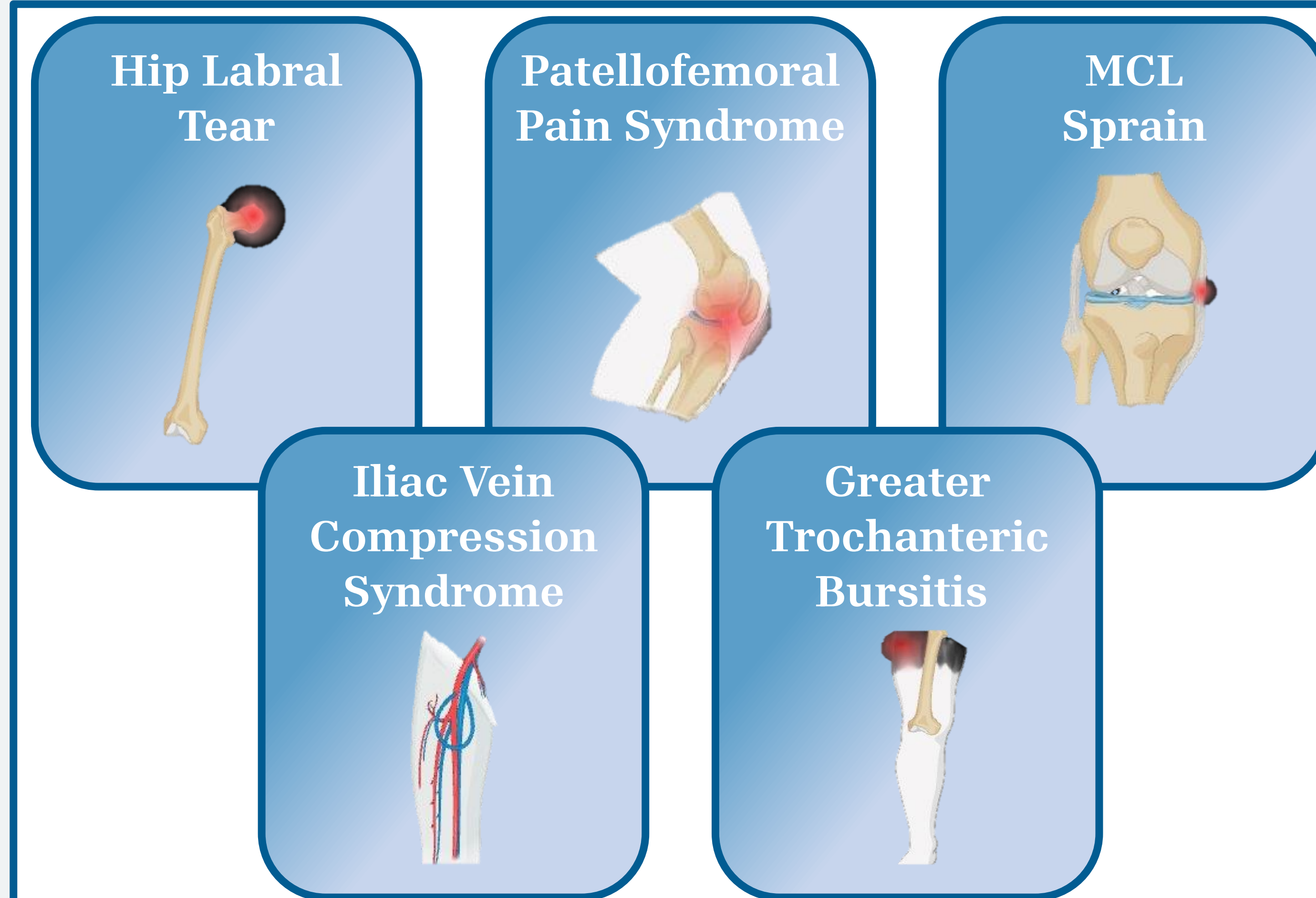
### Primary Aim

To describe a case of persistent lower extremity pain mistaken for musculoskeletal pathology

## Physical Examination

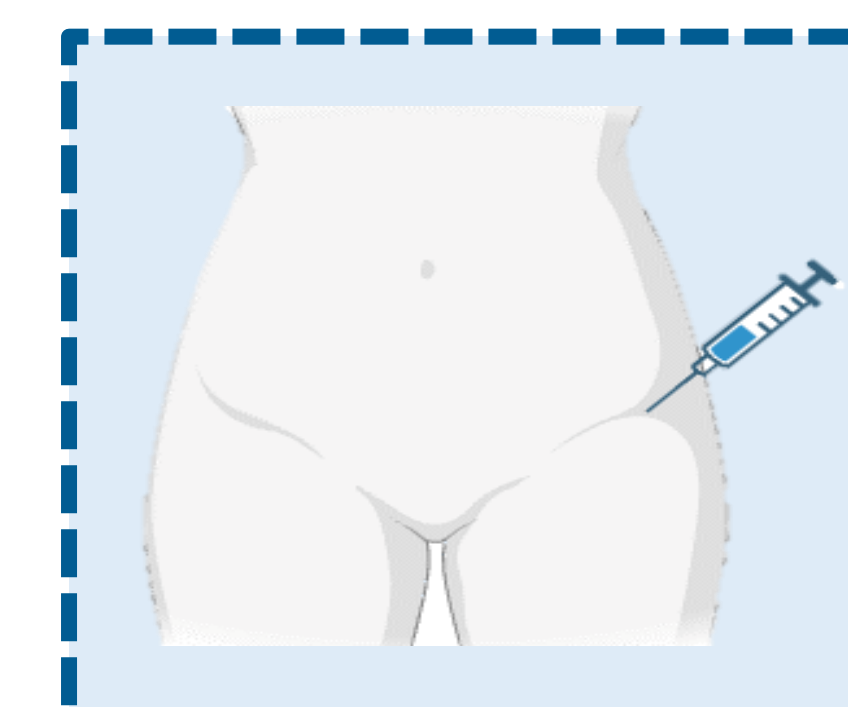
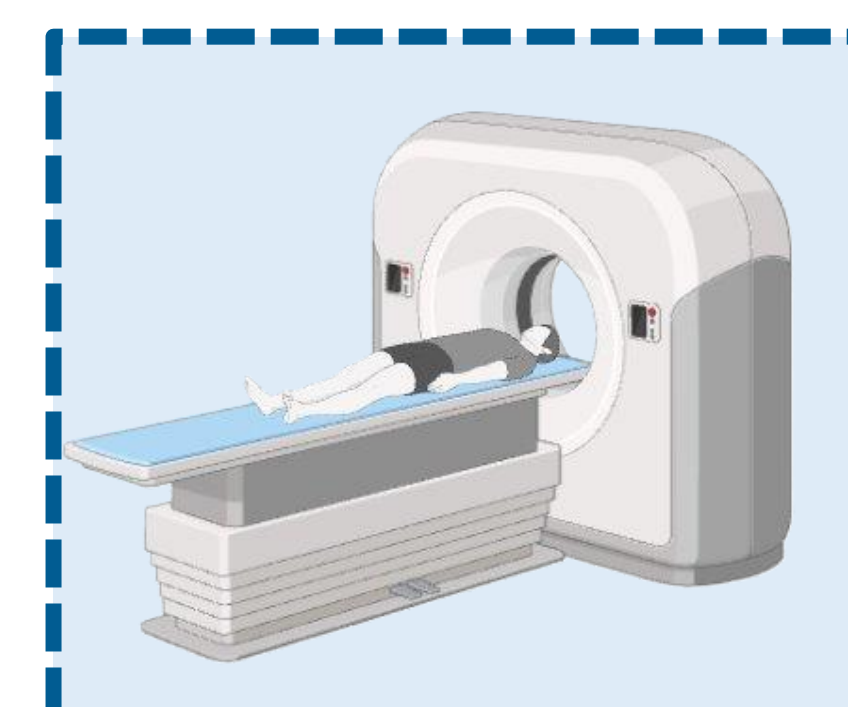
	Knee	Hip
<b>Inspection</b>	- Mild swelling - Neutral alignment - Intact skin - No ecchymosis	- No swelling - No ecchymosis
<b>Range of Motion</b>	- Full	- Full
<b>Palpation</b>	<u>Tenderness along:</u> - Medial joint line - MCL <u>Pain with:</u> - Patellar grind	<u>Tenderness along:</u> - Greater trochanter <u>Pain with:</u> - Resisted HE - Resisted IR - Resisted ER
<b>Strength/Sensation</b>	- Full strength - Intact sensation	- Full strength - Intact sensation
<b>Special Tests</b>	<u>Pain with:</u> - Patellar grind - McMurray testing (without clicking)	<u>Negative tests:</u> - FABER - FADIR

## Differential Diagnoses



## Tests and Results

Diagnostics	Results
<b>MRI: Hip &amp; Pelvis</b>	- Posterior labral tear (small, with fraying) - Greater trochanter bursitis
<b>US-Guided Intra-Articular Hip Injection</b>	- No relief of pain
<b>CT Angiogram of Pelvis</b>	- Compression of the left common iliac vein - By the right common iliac artery



### Working Diagnosis

Iliac Vein Compression Syndrome (May-Thurner)

## Discussion



### MAY-THURNER SYNDROME (MTS)

Results from compression of the left common iliac vein by the right common iliac artery, leading to venous obstruction and insufficiency.<sup>1,2</sup>



### DIAGNOSTIC CHALLENGE

Despite multiple orthopedic evaluations, corticosteroid injections, and a Medrol Dosepak, the patient's symptoms persisted.



### KEY TURNING POINT

Vascular imaging showed classic left common iliac vein compression, confirming MTS.<sup>3</sup>



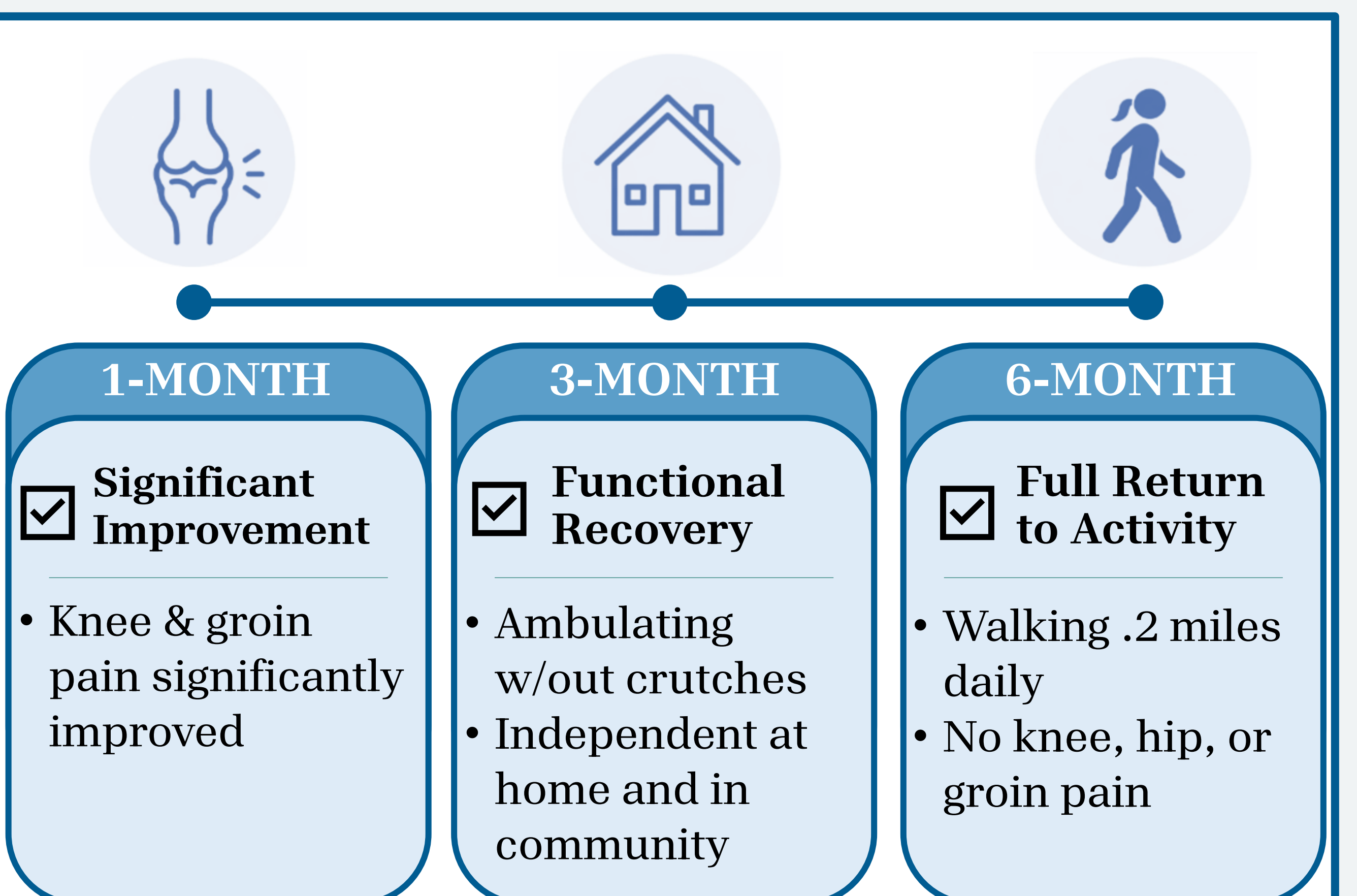
### CLINICAL IMPACT

Referral for vascular intervention with stenting resulted in **resolution of symptoms**.

### Primary Takeaway

Clinicians should consider vascular etiologies when symptoms and imaging are discordant with musculoskeletal disease.

## Return to Activity



### 1-MONTH

#### ✓ Significant Improvement

- Knee & groin pain significantly improved

### 3-MONTH

#### ✓ Functional Recovery

- Ambulating w/out crutches
- Independent at home and in community

### 6-MONTH

#### ✓ Full Return to Activity

- Walking .2 miles daily
- No knee, hip, or groin pain

### References

