Idiopathic transient osteoporosis of the hip occurs mostly in middle-aged men, but sometimes in women, usually in late pregnancy. There is increasing pain and a limp, with some local muscle wasting. An abnormal bone scan may precede radiographic osteoporosis of the femoral head and neck (Gaucher et al. 1979). Symptoms reach a plateau then resolve, and bone density returns to normal.

Biochemical, haematological, bacteriological and serological studies are normal. The EMG and nerve conduction studies done on our patients were also normal.

Case I. A 36-year-old man had spontaneous onset of pain in his left hip, which increased in severity over six weeks, being made worse by activity. He had some wasting and stiffness and an antalgic gait. Radiographs showed marked rarefaction of the whole femoral head and proximal femur (Fig. 1). Although ghostlike, the outline of the head was clear in all views and there was no narrowing of the joint space. Tomography revealed no subchondral or articular defect. Routine blood counts and chemistry were normal, the sedimentation rate was 2 mm per hour, the Mantoux test was negative and his chest radiograph was normal. The serum complement level was normal and rheumatoid serology negative. A
"99mTc-MDP bone scan showed a homogeneous increase in uptake in the left femoral head and neck. EMG and nerve conduction studies, as suggested by Kaplan and Stegman (1985), were also normal.

Synovial biopsy was discussed but not undertaken, since the diagnosis seemed clear. Treatment was by analgesics and skin traction at home. One month later, pain was less but the marked limp persisted, though the patient was able to resume normal activities using a walking stick.

Within three months recovery was complete, and a radiograph taken seven months after onset showed full recovery (Fig. 2).

Cases 2 and 3. These were a 52-year-old man and a 27-year-old woman who was seven months pregnant when her symptoms began. The clinical and radiological findings were very similar to those of Case 1, and similar management was followed by the same natural progression to full recovery.

Discussion. Curtiss and Kincaid (1959) reported three cases of this condition in late pregnancy and Lequesne (1968) reported 10 male patients.

The aetiology is unknown, but a denervation disorder, as suggested by Kaplan and Stegman (1985), was excluded in our Case 1. Treatment is supportive, combined with reassurance of the self-limiting nature of the condition. The diagnosis is rarely made early; radiographic osteoporosis may take a few weeks to appear but according to Gaucher et al. (1979), a 99mTc-MDP bone scan is diagnostic.

Once clinical resolution begins, the diagnosis is more evident since most other possible conditions would be progressive even had they not been excluded by earlier investigations. Synovial biopsy or aspiration are unnecessary, though the non-specific mild chronic inflammation which has been reported suggests a viral arthritis.

This fascinating syndrome has now been described in four continents and its prevalence must be greater than has been previously suspected. Unrecognised cases may be quite common.

REFERENCES


