well as the minimal pain, swelling and swift return of range of movement suggested that the subluxation could be habitual. It remains to be seen whether the natural decrease in ligamentous laxity with age will prevent long-term symptoms.

The author would like to thank Mr I. T. A. Jeffrey, FRCS, for permission to report this patient.

No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

REFERENCES


IDIOPATHIC OSTEOLYSIS OF THE ACETABULUM: A CASE REPORT
BORIS NEMEC, DAMIR MATOVINOVIĆ, GORDAN GULAN, SLAVKO KOZIĆ, TEA SCHNURRER

Primary idiopathic osteolysis (Gorham’s disease) is rare. It is characterised by the spontaneous onset of bone resorption without a known cause. Bones which previously appeared normal begin to resorb, partially or completely. Sometimes only a thin shell of cortical bone remains, and there is usually little replacement by fibrous tissue (Cannon 1986). This process can continue for years but in some cases stops spontaneously. The result of this osteolysis is deformity and impaired function (Hardegger, Simpson and Segmueller 1985). Cannon (1986) discusses the aetiopathology of Gorham’s disease, but the exact mechanism of the osteolysis is still unknown.

Spontaneous idiopathic osteolysis was first reported by Jackson in 1838, and since then a number of cases have been published under a wide variety of names which include acute spontaneous absorption of bone (Branch 1945), massive osteolysis (Gorham et al 1954), phantom bone (Gorham and Stout 1955) and disappearing or vanishing bones (Milner and Baker 1958). In some forms of the disease malignant nephropathy can occur (Torg and Steel 1968).
In the 24 cases reported by Gorham and Stout (1955) osteolysis occurred in one or a few bones, and angiomatosis was noted on histological examination in many of these. **Case report.** We report a 25-year-old man who had a ten-year history of pain and deformity in the right hip with instability of the right leg and a limp after a minor fall at football. For the previous two years he had used two crutches for walking.

On examination the right hip was tender over the greater trochanter. There was a 15° flexion contracture and passive flexion was possible to 65°. Adduction and rotation were blocked, but abduction was possible to 15°. All movements were painful.

Radiographs showed massive osteolytic changes of the ilium, ischii, and pubis and complete destruction of the acetabulum with protrusio acetabuli. Tests for tuberculosis and syphilis and fungal cultures were negative. A full blood count, serum calcium, liver function, thyroxin, parathormone, cortisol, rheumatoid factor, antinuclear factors, and protein electrophoresis were all in the normal range.

Exploration and histological examination of specimens showed that bony tissue had been replaced with fibrous connective tissue rich in proliferating capillaries with many dilated vessels and infiltrated with inflammatory cells.

An arthrodesis was performed between the greater trochanter and the blade of the ilium using a cancellous allograft from our bone bank (Fig. 1). After two years the graft had consolidated of the bone graft (Fig. 2), with no extension of the osteolysis. **Discussion.** Because of the rarity and many different types of this disease, the assessment of any method of treatment is difficult. Most authors agree that operative treatment is a choice between amputation and local resection. Standard bone-grafting techniques gave poor results in osteolysis and Cannon (1986) observed a high incidence of resorption in a series of bone grafts.

We resected the osteolytic area and used a cancellous bone graft. There was consolidation of the graft which resulted in hip arthrodesis and relief of pain in this region.

We believe that this is the first reported example of Gorham’s disease with complete destruction of the acetabulum and the successful treatment by a bone grafting.

The authors chose not to respond to the request for a conflict of interest statement.

**REFERENCES**


