

CLINICAL CASE VIGNETTES

Ballooning of femoral head in juvenile idiopathic arthritis

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A 22-year-old female patient with oligoarticular juvenile idiopathic arthritis (JIA) visited the outpatient department with difficulty in walking, climbing stairs and getting up from sitting position. She had pain in both hip and knee joints, but no tenderness. She had severe restriction of movements at both hip joints in all directions. The X-ray shows diffuse osteoporosis and overgrowth of femoral head compared to the acetabular cavity leading to restriction of hip movements (Fig. 1).).

Hip joints are involved in 35-63% of the JIA patients, leading to disability and total hip replacements in about 26-44% of patients.¹ Periosteal thickening at the diaphysis of metacarpals, metatarsals and phalanges is a characteristic feature of JIA. It often progresses to enlargement of the femoral epiphysis with premature fusion of the growth plate.^{2, 3} Erosions and joint space loss resulting in protrusion of the acetabulum may appear late during the disease course.

Fig. 1: Ballooning of femoral head in juvenile idiopathic arthritis



Competing interests

The authors declare that they have no competing interests.

Citation

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