

40-year-old male with bilateral hip pain

Nehal Lakdawala, MS3

Hip Radiographs



Lumbar Spine Radiograph



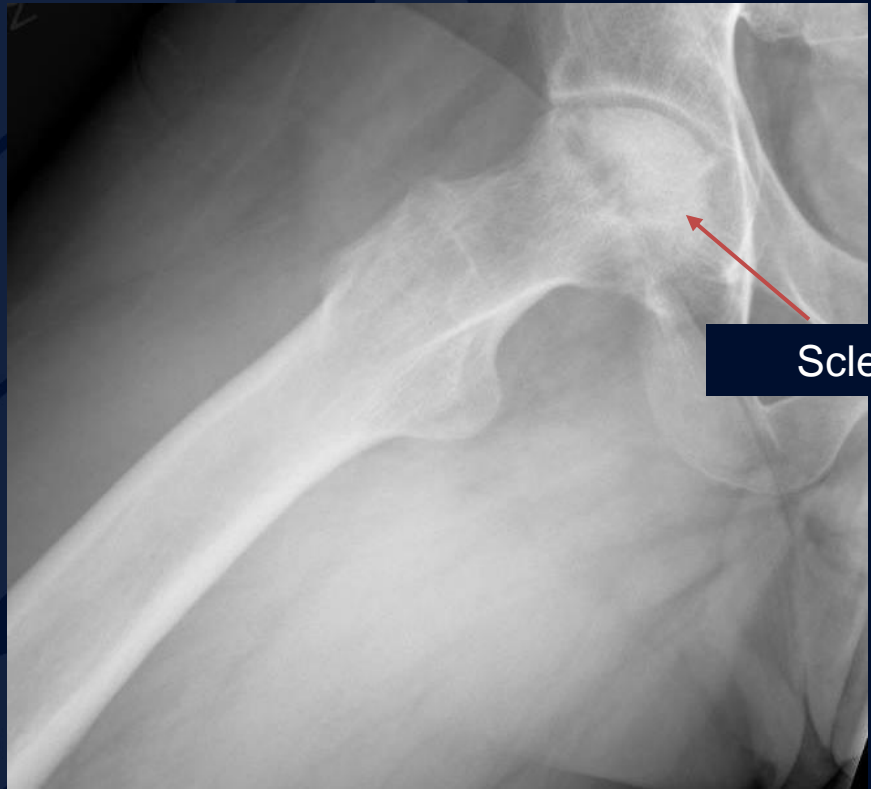
MRI T1 Left Hip



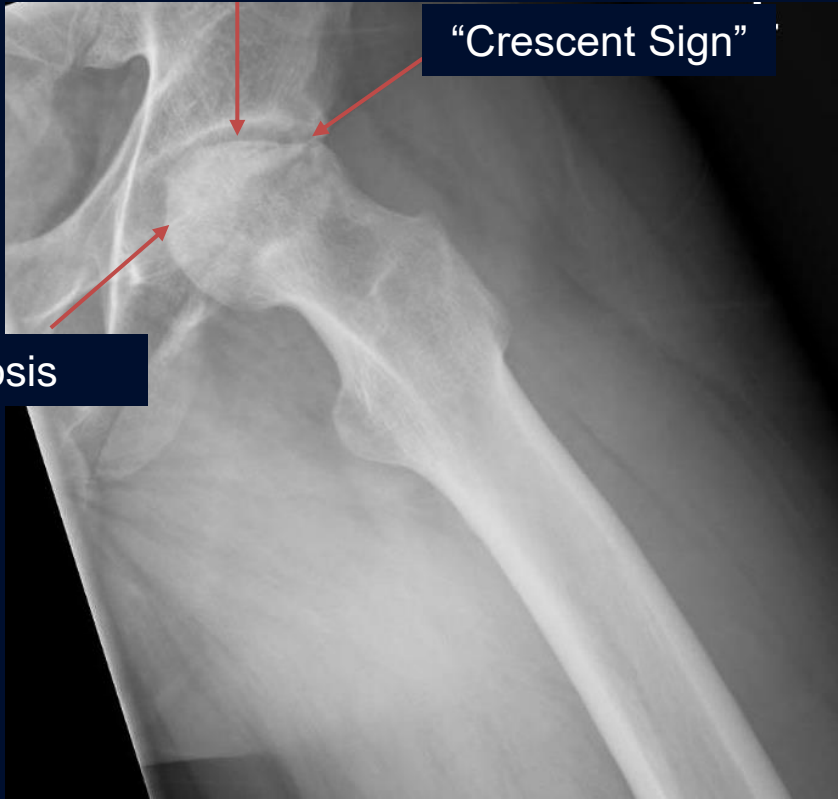
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The background of the slide is a solid dark blue.

Bilateral Hip Avascular Necrosis

Hip Radiographs



Sclerosis



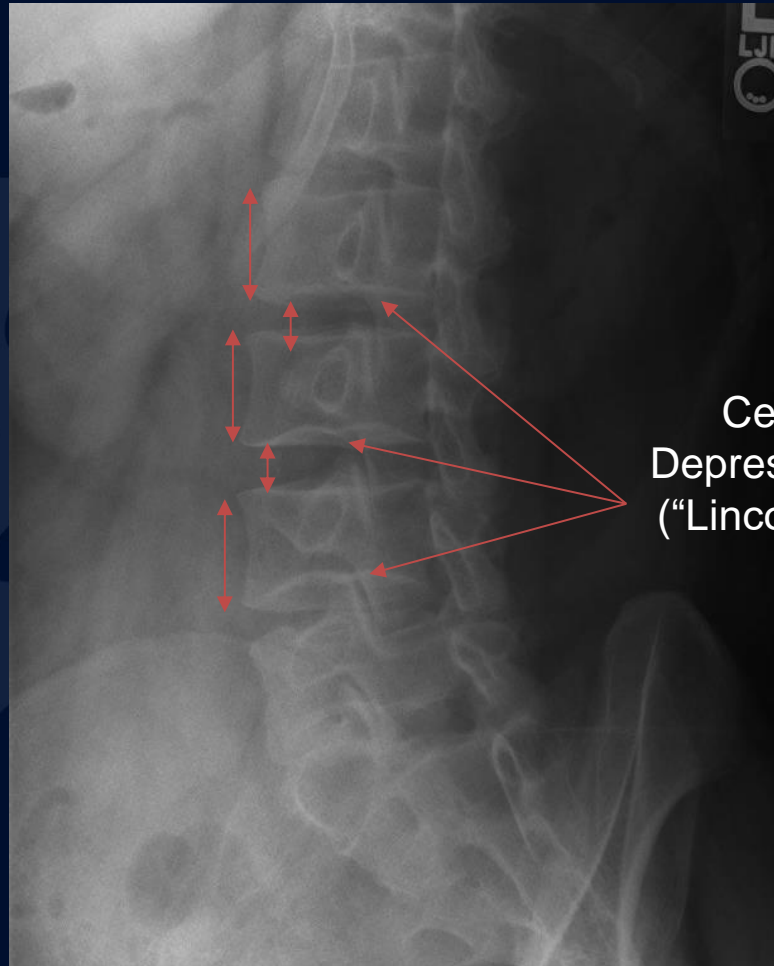
Subchondral Collapse

“Crescent Sign”

Lumbar Spine Radiograph

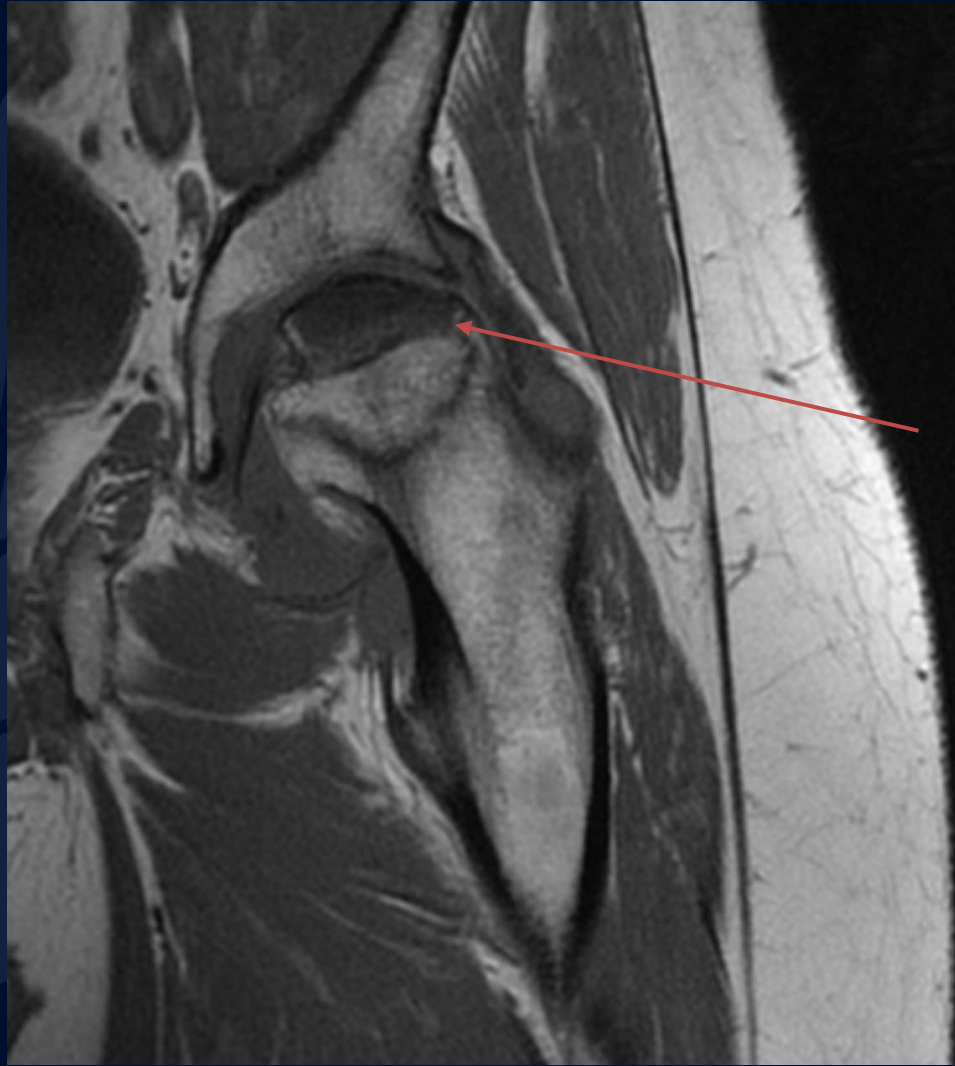
Normal vertebral body height

Normal intervertebral disc spaces



Central Endplate Depression or H-shaped ("Lincoln Log Vertebra")

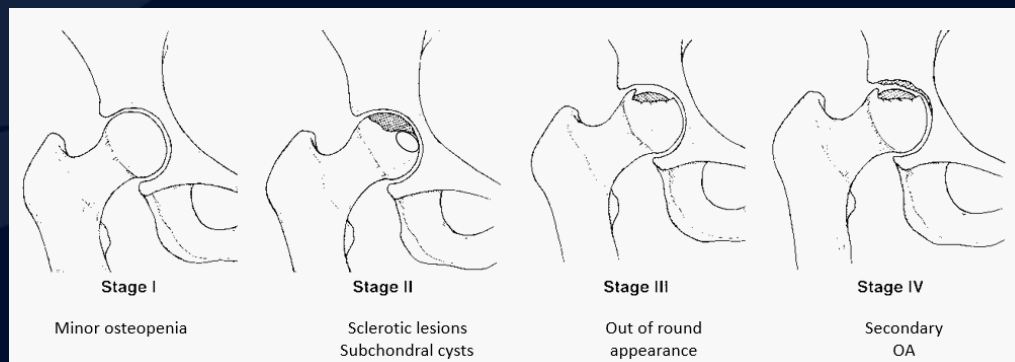
MRI T1 Left Hip



Osteonecrosis of the femoral head with subchondral collapse

Sick Cell & Avascular Necrosis

- Sickle Cell is a condition in which insoluble hemoglobin makes red blood cells less able to deform through the capillary bed. Creating vaso-occlusive events in many organ systems.
- Avascular necrosis of the hip can affect up to 20% of all patients with SCD
- Secondary causes are 80% bilateral
- MRI is the most sensitive modality for imaging (99%)
- Four stages of AVN and imaging findings:
 - Stage 1: Mild osteopenia
 - Stage 2: Osteopenia and/or subchondral cysts
 - Stage 3: Crescent sign, subchondral collapse, loss of shape of femoral head
 - Stage 4: Extensive collapse and joint space reduction
- Prognostic factors for femoral head collapse is based off the cross-sectional involvement
 - If < 30 % low risk of collapse (4%)
 - If 30-50%: Moderate risk of collapse (46%)
 - If > 50%: high risk of collapse (83%)



Differential

- Bilateral Avascular Necrosis of the Hip
 - Secondary causes
 - Sickle Cell Disease: vaso-occlusive crises can cause bone infarcts an AVN; common in African Americans.
 - Steroid use: high-dose corticosteroids known risk factor for AVN, reduced blood flow to bone
 - Excess alcohol use: leads to fatty deposition in blood vessels and reduced blood flow to bone
 - Systemic Lupus Erythematosus: inflammation and damage to blood vessels
 - Bone infarctions – areas of necrotic/dead bone caused by interruption of blood supply; likely secondary to sickle cell disease

Additional Common Findings in SCD

- There are several radiologic findings in patients with sickle cell anemia caused by either marrow hyperplasia or vaso-occlusion
 - Marrow hyperplasia
 - Osteoporosis
 - Fractures
 - Vaso-occlusion findings
 - Avascular necrosis (hip, knee)
 - Dactylitis
 - Infection (osteomyelitis or septic arthritis)

Other Common Sickle Cell Imaging Findings

- There are several radiologic findings in patients with sickle cell anemia caused by either: Marrow Hyperplasia or Vaso-occlusion
 - Marrow Hyperplasia
 - Osteoporosis
 - Fractures
 - Vaso-occlusion findings:
 - Avascular necrosis (hip, knee)
 - Dactylitis
 - Infection (osteomyelitis or septic arthritis)

References

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