Isolated Spontaneous Atraumatic Avulsion of Lesser Trochanter of Femur-A Pathognomonic Sign of Malignancy in Adults? A Case Report and Review of Literature

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Learning Points for this Article:
Isolated atraumatic avulsion of lesser trochanter of femur in adults should raise highest index of suspicion for an underlying malignant process, that must be investigated, utilising different modern-day diagnostic tools.

Abstract

Introduction: Avulsion fractures of lesser trochanter (LT) of femur are generally seen following trauma with intertrochanteric or subtrochanteric fractures. Non-traumatic fractures of LT could occur due to sudden violent contraction of the iliopsoas muscle that inserts on the LT; during vigorous exercise, or sudden pull involving flexion of hip. These are seen commonly in adolescents where the physis has not fused yet. Such a scenario in an adult patient most often or not leads to a diagnosis of an underlying malignancy or metastatic lesion.

Case Report: A 60-year-old female patient, presented to the outpatient department of our institute with pain on walking, with no history of trauma. X-ray showed an incidental finding of avulsion of LT of femur. Magnetic resonance imaging showed a large intramedullary tumour in the metaphysis though she had no symptoms or signs of malignancy. On further evaluation, she was diagnosed with primary lung carcinoma with widespread metastasis. Biopsy from the proximal femur also revealed a metastatic lesion. She was given palliative treatment in the form of a proximal femoral nail after which she was started on chemoradiation.

Conclusion: A high index of suspicion of malignancy should be maintained in atraumatic fracture of LT in adults until proved otherwise.

Keywords: Lesser trochanter fracture, metastasis, lesser trochanter avulsion, adults, tumour, pathological fracture.
that was relieved with medicine. We initially advised her bed rest with skin traction.

Her plain radiograph showed an avulsion of LT of left femur (Fig. 1). Magnetic resonance imaging (MRI) of proximal femur and pelvis was done, and it revealed a pathological fracture of left femoral LT due to a long intramedullary tumour in meta-diaphyseal region. It measured $11.3 \times 3.7 \times 4.0$ cm and was hypointense in T1; heterogeneous hyperintense in T2 (Fig. 2).

Contrast enhanced computed tomography (CECT) scan of chest and abdomen was done, that showed heterogeneously enhancing mass lesion in the right lung with peripheral consolidation and retroperitoneal, mesenteric, and hilar lymph nodes enlargement. Suprarenal deposits were also seen. Positron emission tomography scan showed lytic lesion with widespread metastasis as well (Fig. 3).

Core needle biopsy was done from the proximal femur, and it confirmed metastatic deposits. The patient was given palliative treatment in the form of a proximal femoral nail (PFN) to prevent any pathological fracture and was started on chemoradiation under the radiotherapy department of our institute.

**Discussion**

Isolated fractures of LT of femur are rare entities in adults. They are commonly seen in adolescent athletes with non-fused apophysis. There have been isolated instances of absence of any underlying pathological process in adults presenting with an LT avulsion [3]. In almost all the cases reported in literature, malignancy was diagnosed later on [4, 5, 6, 7, 8, 9, 10, 11]. 24 cases with underlying malignancies causing LT fractures have been reported as per our literature search (Table 1).

Uddin et al. reported a case where a 48-year-old female was later on diagnosed with primary bronchogenic carcinoma where LT avulsion was her first clinical manifestation [4]. Herrene et al. reported a similar case with a 61-year-old female when her symptoms began during a chiropractor treatment. She was diagnosed with left-sided carcinoma breast with metastasis [5]. Khoury et al. reported 3 cases in adults who were all diagnosed with malignancies [6]. Rouvillain et al. termed isolated LT fracture in adults as an early indicator of tumour infiltration. In their case, a 63-year-old man was diagnosed with adenocarcinoma of pulmonary origin with widespread metastasis [7].

Reategui-Villegas et al. described isolated fracture of LT as the first manifestation of metastatic lung carcinoma in their case report [8]. Bertinet al. reported 36 cases of LT avulsions out of which 4 cases occurred in adults. All these 4 cases were found to have metastatic deposits that led to the fractures. There were primaries in thyroid, pancreas, prostate in 3 of the cases, respectively, while in the 4th case, the primary lesion could not be traced [9]. Four cases were reported by Phillips et al. [10]. In a study by James and Davies it was found that 60% of the 15 atraumatic cases of LT avulsions, were due to metastasis [11].
Whenever a case like the present one comes for evaluation, high index of suspicion should be maintained all throughout till a malignancy could be confirmed and a primary could be found. Staging of the tumour is of primary importance in terms of what treatment can be offered to the patient. MRI can help to study the soft tissue extension of the tumour and better planning for tumour excision if needed [11, 12]. In our case, MRI helped us to delineate the metastatic tumour and then we went ahead to find the primary lesion with CECT. Biopsy should be done to confirm the diagnosis once all imaging has been done.

Staging also helps in deciding the treatment options. In early stages, primary resection of the lesion with a tumour prosthesis could be a viable option [7]. In advanced stages of disease, palliative care with a prophylactic intramedullary implant like a PFN could be used to prevent any impending pathological fracture. Since our patient had an advanced disease with Mirel’s score of 12, we gave her palliative treatment. She is currently at home under supportive care.

In isolated cases, there may not be any malignant pathology, but this occurs in rarest of rare instances. In such cases conservative management is sufficient [3, 13]. However, sometimes what seems like an isolated LT fracture could be a part of a propagating inter-trochanteric fracture line [13]. Fixation becomes a necessity in such cases with a dynamic hip screw or an intramedullary nail.

**Conclusion**

In an old patient presenting with an isolated atraumatic LT avulsion, there should be a high index of suspicion of a malignant process underneath, until proved otherwise, and this must be investigated with modern-day diagnostic modalities such as MRIs, CT scans, and radio-labeled bone scans. Staging is a necessary tool to decide on the treatment modality. Such injuries could be termed pathognomonic for underlying malignant lesion or metastatic deposits.

**Clinical Message**

Adults presenting with an isolated atraumatic LT avulsion must be investigated with the usage of modern-day diagnostic modalities. Such injuries are commonly caused by underlying malignant process and could be termed a pathognomonic sign of tumour infiltration.

### References


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