PELVIC PAIN AFTER SPINAL ANESTHESIA FOR C-SECTION. A misdiagnosed case of transient osteoporosis of the hip (TOH).

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BACKGROUND

Transient osteoporosis of the hip (TOH) is a rare but severe form of osteoporosis, which normally affects more men than women; it becomes more frequent in females in the last trimester of pregnancy. Common symptoms include acute pain or fracture of the hip(s). It can evolve to avascular femur necrosis but promptly and correctly recognized it can be successfully treated relieving pain, allowing physical activity and reducing complications.

CASE REPORT

We describe the case of a 40 years old nulliparous woman, who underwent cesarean section (CS) at 40 weeks of gestation, for breech-vertex presented fetus. She complained right and anterior thigh pain radiating to inguinal region since six weeks. She rated pain 7/10 on the Numeric Rating Scale. Past medical history was silent, she never suffered from low back pain (LBP) or pelvic girdle pain (PGP). Due to pain and impaired physical activity she consulted her gynecologist who imputed symptoms to uterine enlargement and fetal pressure on obturator nerve and prescribed no therapy. The day of delivery she received uncomplicated spinal anesthesia (SA) at L3-L4 level; she referred a total benefit in terms of hip pain. A couple of hours later she complained of pain also on left hip and she asked to meet the anesthesiologist. We visit the patient and excluded potential arms of SA but we asked for an X-ray of the hips. Imagine showed at both femur heads two areas of subcortical osteorarefaction with irregular margins. MRI identified bone marrow edema of the right greater than left femoral head and neck, which reflected bilateral TOH (pictures A and B).

DISCUSSION

PGP is pain experienced between the posterior iliac crest and the gluteal fold, particularly near to sacroiliac joints and/or symphysis pubis. The pain is related to musculoskeletal system and not caused by gynecological disorders; it needs for specific management and multidisciplinary evaluation, especially because it has more impact on disability than LBP during pregnancy.

KEYPOINTS

- 1) For a successful diagnosis always look at the pain generator.
- 2) SA has consistently been shown to be safe procedure and nowadays it's still the technique of choice for CS, although not free from risk. Be aware of potential middle and long term complications.

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