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RESEARCH LETTER

ISCHIOPUBIC SYNCHONDROSIS - AN ENTITY TO REMEMBER

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We present the case of a 5-year-old child who presented to the Emergency Department of a peripheral hospital with a 24-hour history of anterior right thigh pain and claudication. Notably, the child had fallen from a bed two weeks prior and had been previously hospitalized for an infected varicella lesion on the left knee two months earlier. Despite these prior events, the parents noted no fever or other systemic symptoms during the current episode. On physical examination, the child exhibited pain upon external rotation of the right hip, although the range of motion remained within normal limits. Laboratory results, including complete blood count, erythrocyte sedimentation rate (ESR), C-reactive protein (CRP) and ferritin, were unremarkable, with no significant abnormalities and blood cultures were negative.

Imaging studies, including X-rays and a computed tomography (CT) scan of the right hip, revealed a bone lesion (Figure 1), prompting referral to a central hospital for further evaluation. Given the imaging findings, consultations with Orthopedics and Pediatric Oncology raised concerns for potential bone cancer or osteomyelitis.

Additional investigations, including a chest X-ray and abdominal ultrasound, revealed no relevant findings. The child was started on empiric antibiotic therapy (ceftriaxone 100 mg/kg/day) and anti-inflammatory treatment (ibuprofen 7.5 mg/kg every 8 hours), resulting in significant clinical improvement within two days. Hip ultrasound demonstrated a small joint effusion, which had improved compared to the initial CT scan. A review of the CT images by the Radiology and Pediatric Orthopedic teams led to the diagnosis of transitory synovitis of the right hip with an incidental finding of Van Neck-Odelberg disease, also known as ischiopubic synchondrosis osteochondritis. There was no evidence of fracture. Antibiotic therapy was discontinued and the patient was discharged with continued anti-inflammatory management. A follow-up consultation with Pediatric Orthopedics was scheduled and five months later, the child was asymptomatic. A subsequent hip X-ray showed partial resolution of the lesion.

Figure 1. X-Ray and CT image of de pelvis showing an oval hypodense pseudolesion in the right ischiopubic synchondrosis.



Van Neck-Odelberg disease is a rare, benign condition observed in pediatric patients, often presenting with pelvic pain or claudication. It is believed to result from excessive traction on the ischiatic tuberosity, leading to delayed closure of the ischiopubic synchondrosis and subsequent inflammatory response.[1,2,3] Imaging studies such as X-rays and CT scans may reveal an enlarged synchondrosis, which can be mistaken for more serious conditions like bone tumors or fractures.[1,2,4] While the radiological changes can persist, the condition typically resolves with conservative management and the joint fully ossifies over time.[4]

This case underscores the diagnostic challenge of Van Neck-Odelberg disease, particularly due to its imaging similarities to bone tumors and fractures. Clinicians should consider this condition in the differential diagnosis to avoid unnecessary invasive procedures. Given the benign nature of the disease, prompt recognition and conservative management can prevent further complications. We recommend considering Van Neck-Odelberg disease in pediatric patients presenting with hip pain and claudication, particularly when imaging findings suggest a bone lesion. Early identification and appropriate management are crucial in avoiding unnecessary diagnostic procedures and ensuring a favorable outcome.

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