

The authors present the interesting case of a 16-year old female dancer with a hip injury.

The avulsion fracture of the anterior-superior iliac spine (ASIS) is defined as the strong and abrupt contraction of the sartorius muscle and some fibers of the tensor fasciae latae during sports in teenagers. It usually occurs in sports that require jumps and repetitive movement. This injury can be considered to be a “processlysis”, since it is in the teenage years with the growth cartilage open that these lesions occur. Fractures due to avulsion or tear of the iliac spines are considered to be stable injuries of the pelvic ring—they heal with relative rest and pain-killers with average recovery time oscillating between 3 weeks and 4 months. Prognosis is good, and surgical treatment is only prescribed when the bone fragment shows more than 2cm-displacement with respect to the original, or when there is hip pain and limitation to movement due to exostoses.

This is a lesion that runs smoothly, but there might be some complications in the case of early return to sports or inadequate healing (mal-union or lack of callus), or there may be inappropriate rehabilitation with hip or knee muscle weakness.

The diagnostic triad for ASIS injury is: trauma or microtrauma background in a teenager, local pain that increases by palpation and active movement of the patient’s knee or hip, and oblique X-ray added to the anterior-posterior one showing the pathognomonic image of ASIS injury.

In large injuries it is necessary to make differential diagnosis with pseudo-tumoral lesions, thus the importance of trauma background and, if in doubt, it is necessary to complete assessment with CT scan and MRI images.

In general, treatment consists of sport rest during 6 weeks and partial weight bearing with crutches. Return to sports depends on the degree of the injury but, in general, it takes place in around 3 months.

To sum up, it is necessary for doctors to be highly suspicious in the case of a teenager or a young adult who, after sports practice, consults with ASIS injury-related findings.

I congratulate the authors on the presentation of this problem case. I would like to add, however, that it would be interesting to see simple X-rays since at many centers MRI is not available as initial diagnostic study.

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