

Figure 1. Longitudinal view of the left anterior inferior iliac spine, demonstrating oval calcification at the tendon insertion of the rectus femoris (arrow).

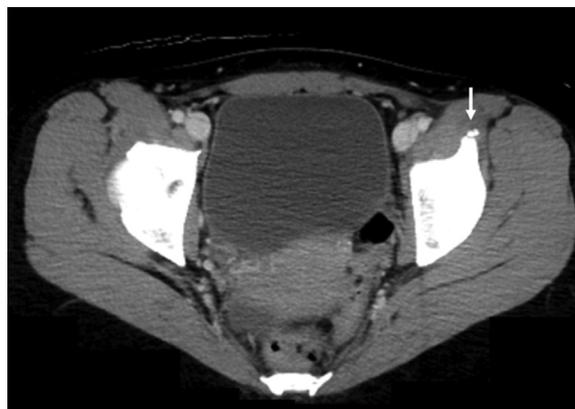


Figure 2. Axial pelvic CT showing calcification at the left anterior inferior iliac spine (arrow).

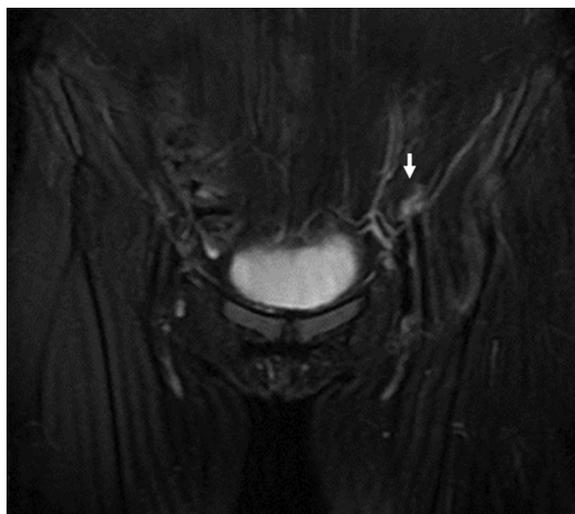


Figure 3. Coronal view of fluid-sensitive MRI showing a high-intensity lesion in the left rectus femoris (arrow).

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A 29-year-old woman presented to the emergency department with sudden-onset atraumatic left thigh pain, and her leg was unable to bear weight. Her vital signs were normal and examination revealed severe left anterior hip tenderness on movement, along with pain on elicitation of the patellar reflex. Laboratory examination and hip radiography results were unremarkable, and femoral ultrasonography was performed after admission (Figure 1).

For the diagnosis and teaching points, see page e12.

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*(continued from p. e11)***DIAGNOSIS:**

Acute calcific tendinitis of the left rectus femoris muscle. Pelvic computed tomography (CT) confirmed calcification at the left anterior inferior iliac spine (Figure 2), and fluid-sensitive magnetic resonance imaging (MRI) revealed a high-intensity lesion in the left rectus femoris muscle (Figure 3). A short course of nonsteroidal anti-inflammatory medication promptly alleviated symptoms.

Acute calcific tendinitis of the rectus femoris, caused by calcium hydroxyapatite crystal deposition,¹ is a rare inflammatory disorder. The most frequently affected sites include the shoulder rotator cuff, tendons, adjacent soft tissues, or ligaments around the neck, wrist, elbow, knee, and hip.² The rectus femoris arises from the anterior inferior iliac spine and attaches to the patella. Pain at the origin is exaggerated by muscle contraction, and physical maneuvers, such as hip flexion and elicitation of a patellar reflex, will increase pain.

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REFERENCES

1. Sarkar JS, Haddad FS, Crean SV, et al. Acute calcific tendinitis of the rectus femoris. *J Bone Joint Surg Br.* 1996;78:814-816.
2. Holt PD, Keats TE. Calcific tendinitis: a review of the usual and unusual. *Skeletal Radiol.* 1993;22:1-9.