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The Core Curriculum

Idiopathic chondrolysis

Objectives

1. Define idiopathic chondrolysis
2. Describe clinical symptoms, age of onset, and physical findings suggestive of idiopathic chondrolysis
3. Describe the radiographic features of idiopathic chondrolysis
4. Describe treatment for idiopathic chondrolysis, and results of treatment
5. Discuss theories of etiology of idiopathic chondrolysis

Discussion point

1. Is idiopathic chondrolysis the same entity as chondrolysis complicating SCFE? Why or why not?

Discussion

Idiopathic chondrolysis is well defined clinically; usually having its onset early in the second decade of life, with a marked female preponderance. Anterior hip pain is the usual initial symptom, followed by stiffness and pain with movement. An autoimmune etiology has been proposed, but confirmatory evidence is still lacking. There is more information available on chondrolysis following SCFE, it is still speculative whether idiopathic chondrolysis and chondrolysis complicating SCFE are the same entity. One paper concluded idiopathic chondrolysis could be a manifestation of pauciarticular juvenile arthritis. Laboratory values are normal. The radiographic findings are characteristic. Osteopenia is progressive with concentric narrowing of the joint space. Protrusio acetabuli is common, as is premature physeal closure. The head remains spherical, but develops osteoarthritic changes. Pathologically, the joint capsule thickens with nonspecific low grade inflammatory changes. Several small series, the largest including 14 patients have been reported. Improvement has been reported following partial capsulectomy followed by traction and aggressive rehabilitation, soft tissue release with anti-inflammatory agents, and arthrodiastasis with external fixation (although etiologies were diverse in this group). However, the most recent report with an average follow-up of 13 years concluded that pain relief was temporary, on long term follow-up only 2/11 patients were free of pain and one of them had an arthrodesis.

References

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