

RADIOLOGY CASE

Female, 45 years old, left leg pain associated with limited movement since september/2024.

Conservative treatment with rest, denying use of corticosteroids.

She practices running and resistance training, and reports being training for a marathon at the time of onset of symptoms.

No previous history of diseases or surgery.

At the present moment, she's not feeling pain.

Mariana Feitosa, MD

Carlos Henrique Alencar, MD

Gisele Ferreira Camara, MD

Cláudio Régis Silveira, MD

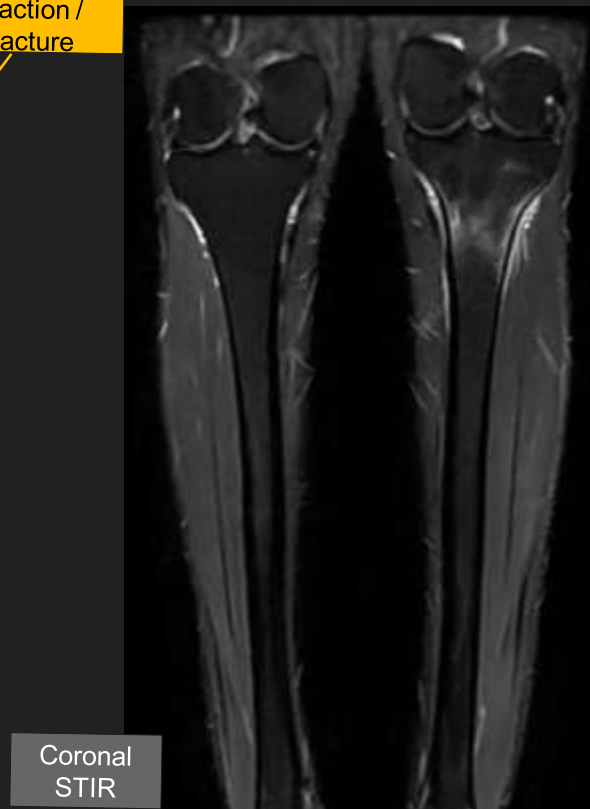
São Carlos Hospital, São Carlos Imagem, Fortaleza, CE, Brazil

September, 18, 2024

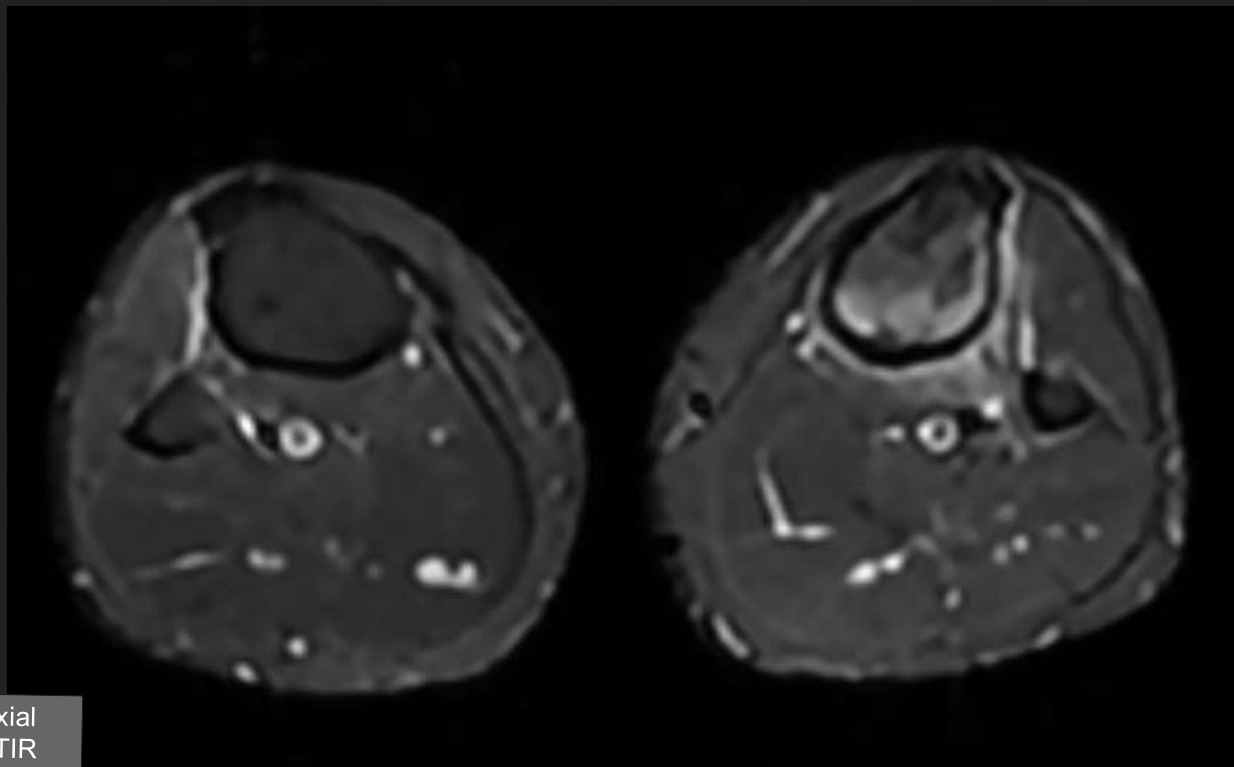


X-Ray

November, 12, 2024



November, 12, 2024



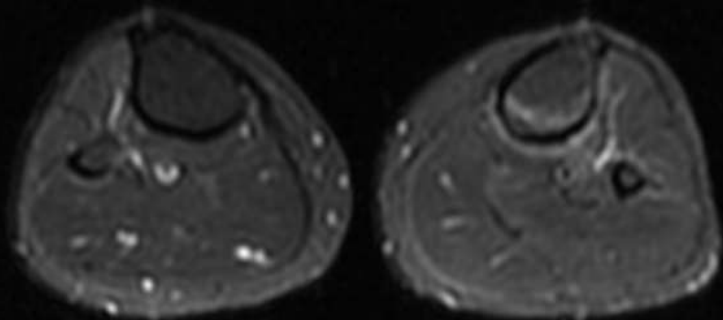
Axial
STIR

December, 19, 2024

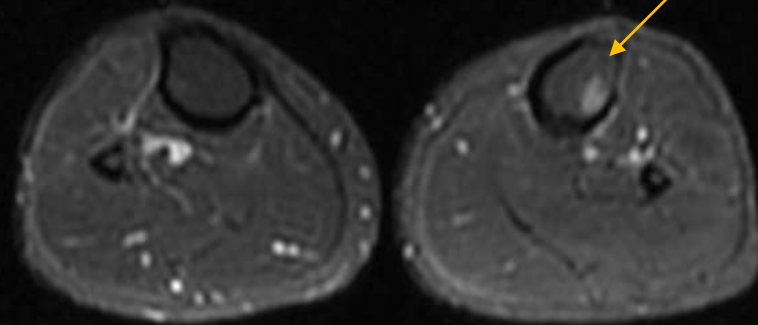


December, 19, 2024

MRI without
contrast



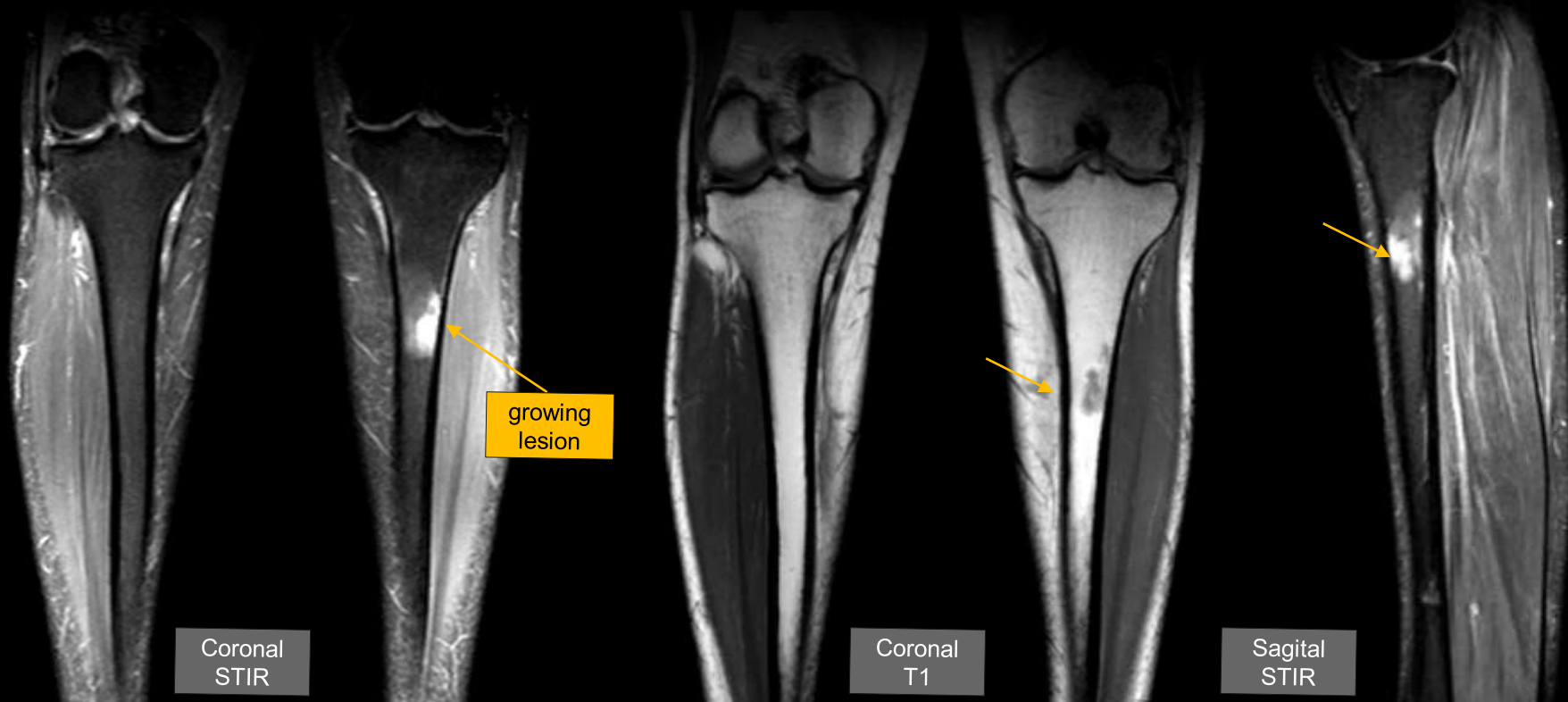
Axial
STIR



Axial
STIR

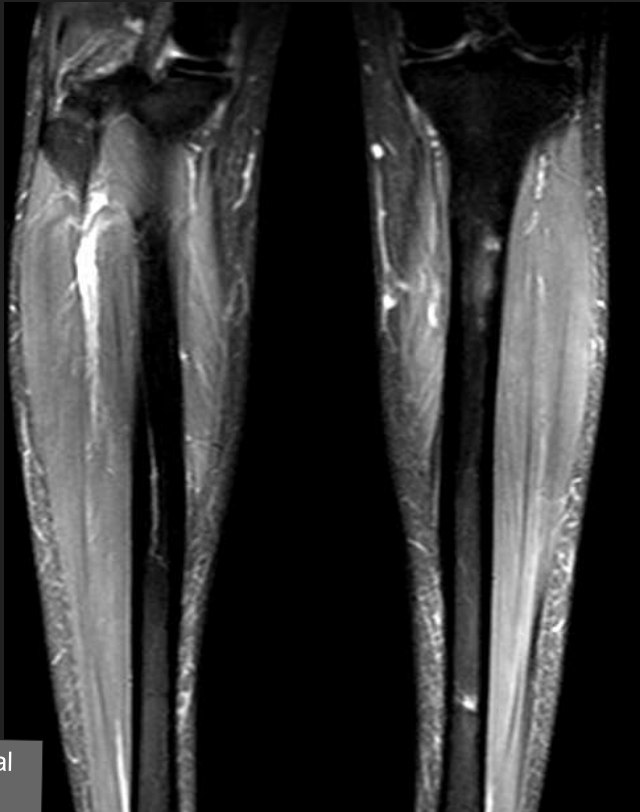
March, 05, 2025

MRI without
contrast



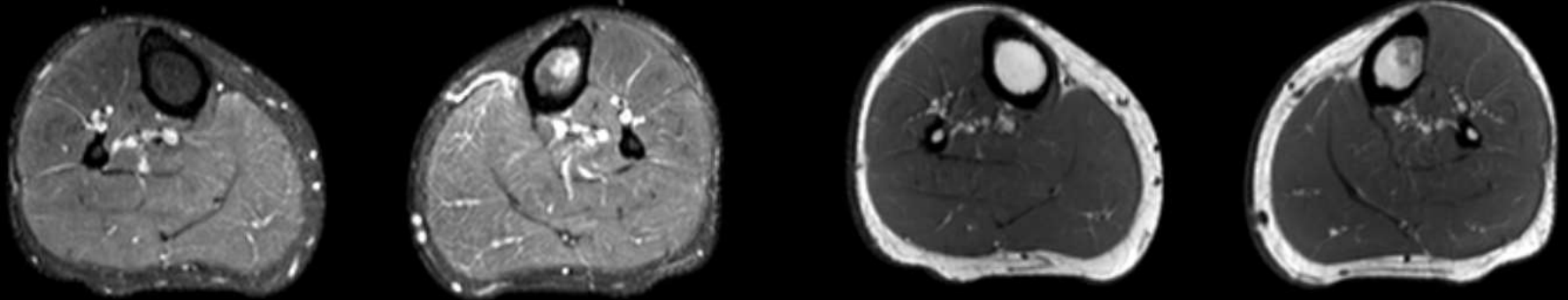
March, 05, 2025

MRI without
contrast



March, 05, 2025

MRI without
contrast

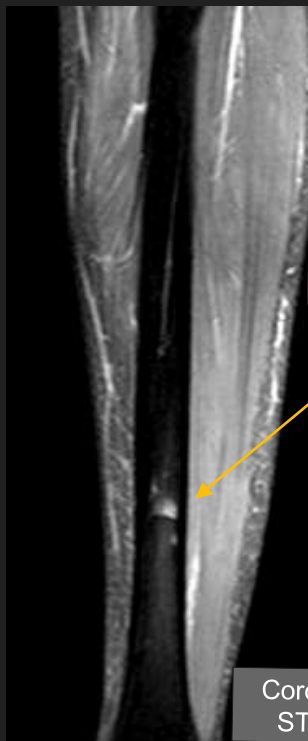


Axial
STIR

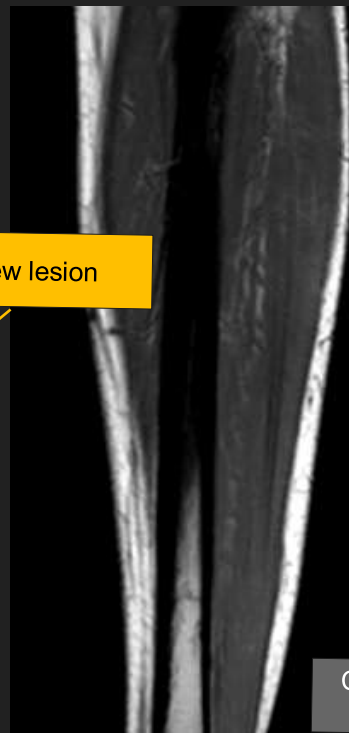
Axial T1

March, 05, 2025

MRI without
contrast

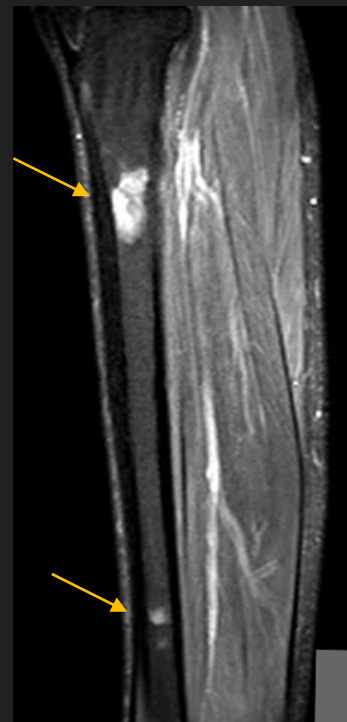


Coronal
STIR

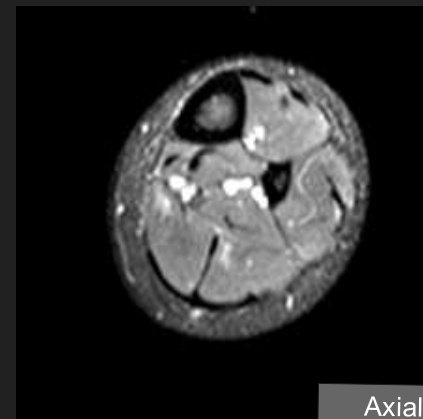


Coronal
T1

+ new lesion



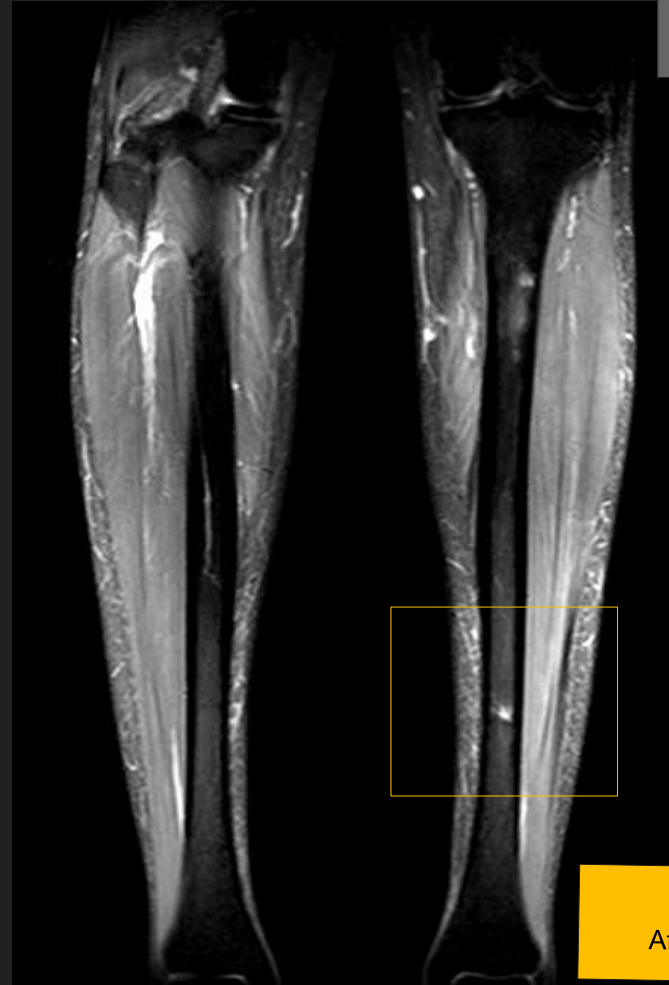
Sagittal
STIR



Axial
STIR



Coronal STIR
Before (December, 12)



MRI without
contrast

Coronal STIR
After (March, 05)

March, 11, 2025

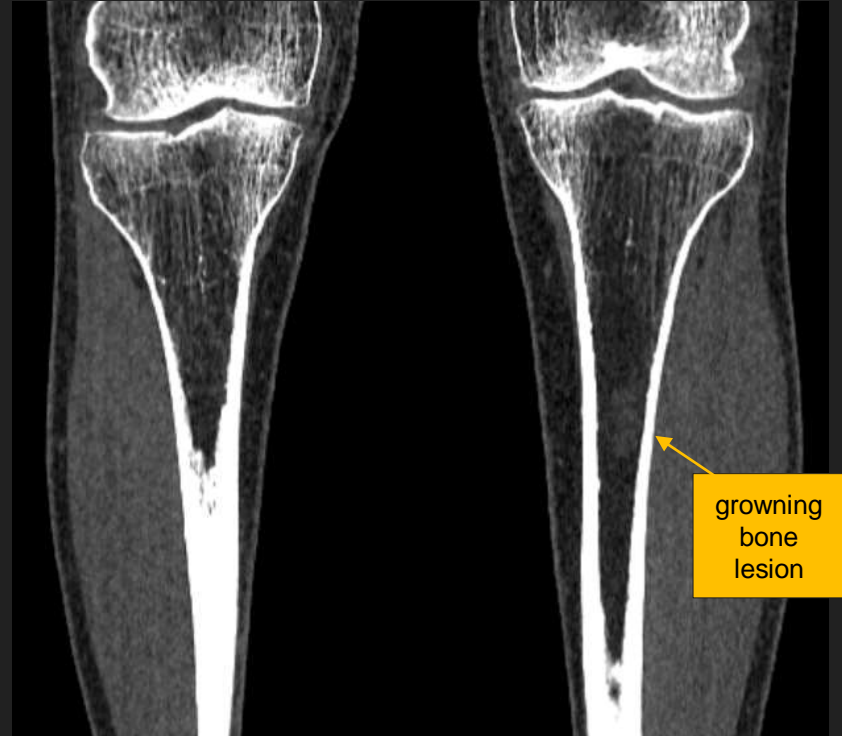
X-Ray



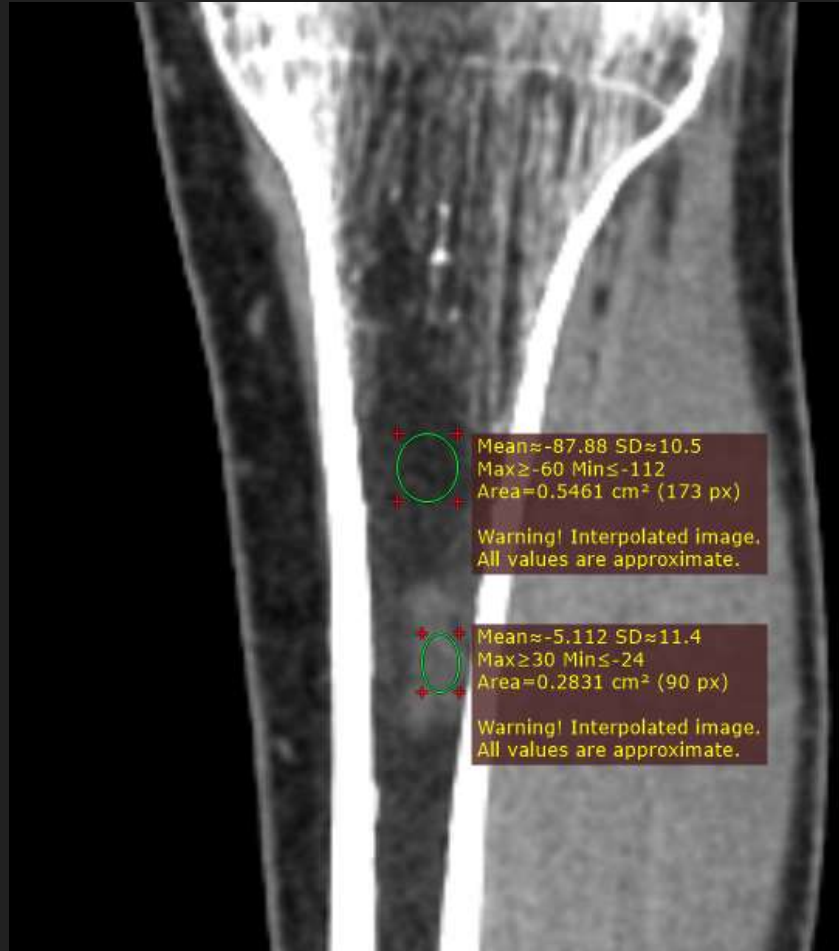
March, 11, 2025



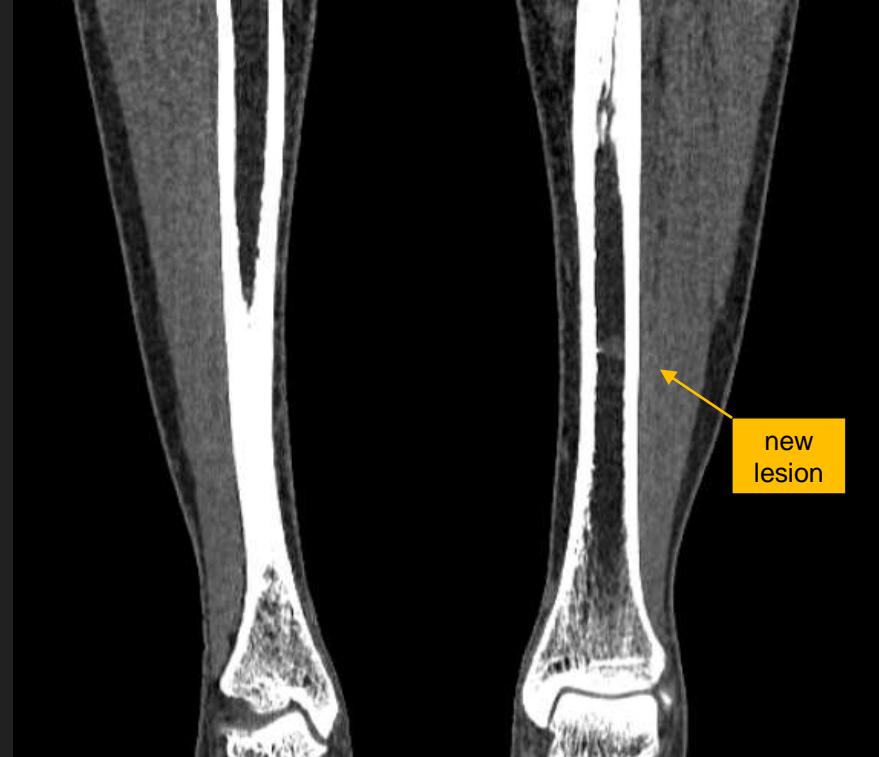
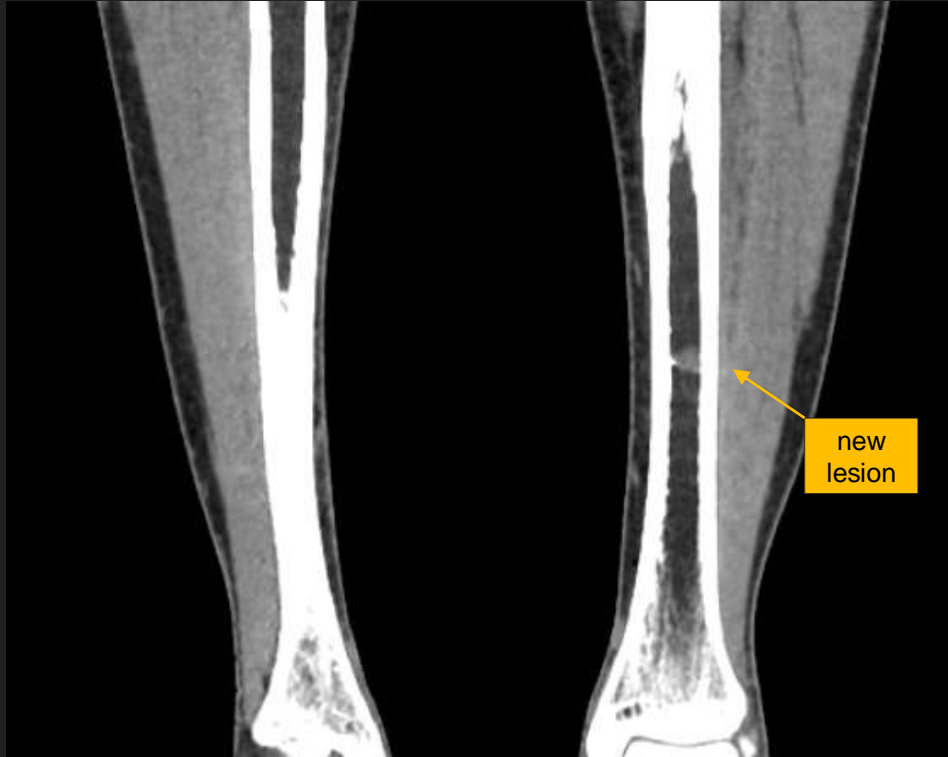
March, 11, 2025



March, 11, 2025



March, 11, 2025



What are your hypothesis for the finding?

- Focal cystic lesion with adjacent osteoporosis near previous stress fracture secondary to exacerbated osteoclastic reaction?
- Could the new lesion described in the distal diaphysis be of the same etiology?
- Any other hypotheses?