the medial malleolus. The ensuing belly was deep to the nerve distally, thus forming more than half a circle around the nerve before passing through the tarsal tunnel, to be inserted into the middle of the main abductor hallucis muscle. It is interesting to speculate why a muscle present since birth should become a cause of symptoms after 24 years.

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AN UNUSUAL PRESENTATION OF OSTEOARTHRITIS OF THE HIP

J. M. H. PATERSON

The differential diagnosis of a lump in the groin is a catechism known to every medical student. The following case serves as a reminder of one of the less common causes.

Case report. A 77-year-old woman presented to a general surgical unit with a 12-month history of a painful swelling in the left groin. Examination revealed a 7 cm × 5 cm mass, firm, smooth, non-pulsatile and non-reducible, lying below the inguinal ligament and lateral to the femoral artery. Restriction of hip movements was attributed to pain from the swelling rather than intrinsic hip pathology. Nevertheless, after an inconclusive needle biopsy of the swelling, she was referred for an orthopaedic opinion.

Further questioning elicited a history of painful limp which pre-dated the appearance of the swelling. A radiograph of the left hip showed a moderate degree of degenerative change, and computerised tomography showed an appearance suggestive of a distended joint capsule (Fig. 1).

Exploration confirmed that the swelling was due to diffuse distension of the anterior joint capsule by synovial fluid. The synovium itself was inflamed, and there was much erosion of the articular surfaces. The capsular bulge was excised, and an extensive synovectomy performed. The patient made a good recovery. Her hip remained stiff, but the pain was relieved to the extent that nine months after operation she could walk with no restriction and no need for analgesia.

Histological examination of the tissue excised showed oedematous synovium with only a sparse chronic inflammatory cell infiltrate.

Discussion. Jeremy (1969) has reported a case of rheumatoid arthritis of the hip presenting as a lump in

Fig. 1

the groin, and standard rheumatological texts note that degenerative disease of the hip may occasionally present in this way. The swelling may be caused by a distended iliopsoas bursa communicating with the joint proper, such communication being present in 15% of all hips (Kelley et al. 1985). In the present case, no such communication was seen, the swelling being caused by the distended joint itself.

The student of surgery is unlikely to find any reference to hip pathology in the consideration of swellings in the groin (Browse 1978; Hamilton Bailey 1980) and may overlook signs of joint stiffness and limp. Orthopaedic and general surgeons should be aware of the possibility of degenerative and inflammatory hip disease presenting in this manner.

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