IMAGES IN CLINICAL MEDICINE

Myositis Ossificans

Deborah A. Martin, B.M., B.S.
Sanjaya Senanayake, M.B., B.S.

Canberra Hospital
Canberra, ACT, Australia
deborah.martin@act.gov.au

A 40-YEAR-OLD KOREAN WOMAN WHO HAD BEEN IMMOBILIZED IN BED for several weeks while recovering from tuberculous meningitis reported having pain in the right hip. Her right leg was externally rotated and flexed. She reported discomfort on any passive movement, as well as tenderness in the gluteal region. Plain radiographs of the pelvis were unremarkable. Computed tomography, performed 1 month later because of ongoing pain, showed a well-defined calcified mass within the gluteus minimus muscle on an axial view (Panel A) and a sagittal view (Panel B), with bony trabeculation and cortex formation (arrows). Myositis ossificans (also known as heterotopic ossification) refers to the deposition of extraskeletal bone within soft tissue. Although the condition sometimes occurs spontaneously, it often is the result of trauma, surgery, burns, or neurologic injury. The calcification typically occurs within 2 to 6 weeks after injury. Early biopsy is not recommended because of the difficulty in distinguishing the formation from cancer. Preemptive radiotherapy in high-risk patients and surgical excision of mature lesions are recognized therapies. The role of nonsurgical therapies is unclear. Our patient was treated with analgesic agents and returned to Korea for ongoing care.

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