

Retroperitoneal Mass: A Typical Retroperitoneal Extension of Non-Infective Iliopsoas Bursitis in a Lupus Patient

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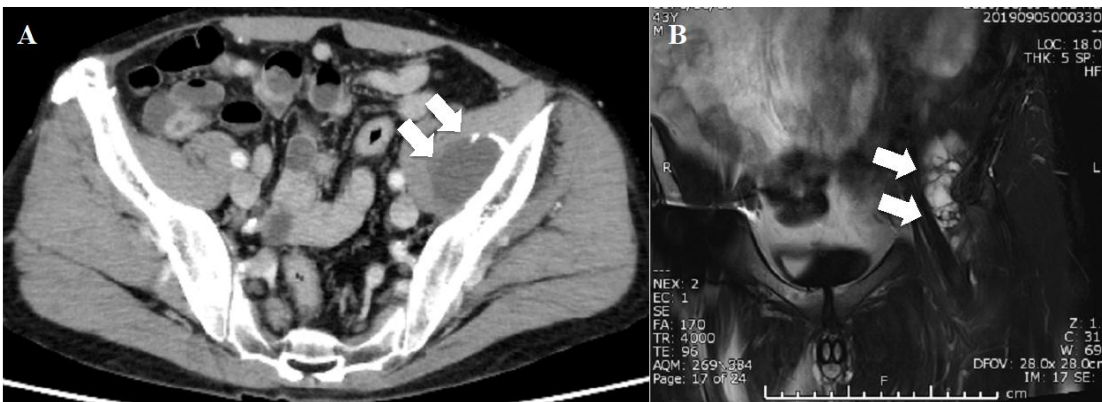
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1. Clinical Image

A 42-year-old man with systemic lupus erythematosus in clinical remission presented with a one-month history of left hip and lower back pain. He had received prednisolone, chloroquine and mycophenolate under clinical remission for 2 years. Physical examination revealed deep tenderness over lateral aspect of the left hip. Laboratory tests showed normal renal and hepatic function and a C-reactive protein level of 1.0 mg/dL (normal value < 0.3). Subacute hip pain has a broad differential diagnosis, including infection, neoplasm, non-infective inflammation and femoral head necrosis [1]. Contrast-enhanced computed tomography showed a nonenhanced mass in his left iliopsoas muscle (Figure 1A). Magnetic resonance imaging revealed a multilocular cystic mass of approximately 3 cm diameter extending anteromedially from the hip on fat-suppressed T2-weighted images (Figure 1B), indicating iliopsoas bursitis. CT-guided needle aspiration of the iliopsoas bursa demonstrated macrophage-enriched yellowish fluid with no deposition of crystals and no growth of fluid culture. The patient was clinically diagnosed with non-infective iliopsoas bursitis mimicking iliopsoas abscess. Two months after fluid aspiration and additional prednisolone, his iliopsoas bursitis had dramatically improved based on imaging and symptoms. This case should remind readers to consider extensive iliopsoas bursitis as a cause of iliopsoas muscle mass with hip pain.



1A: CT findings before treatment. Contrast-enhanced computed tomography showed a nonenhanced mass in the left iliopsoas muscle

1B: MRI findings before treatment. MRI revealed a multilocular cystic mass of approximately 3 cm diameter extending anteromedially from the hip on fat-suppressed T2-weighted images

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