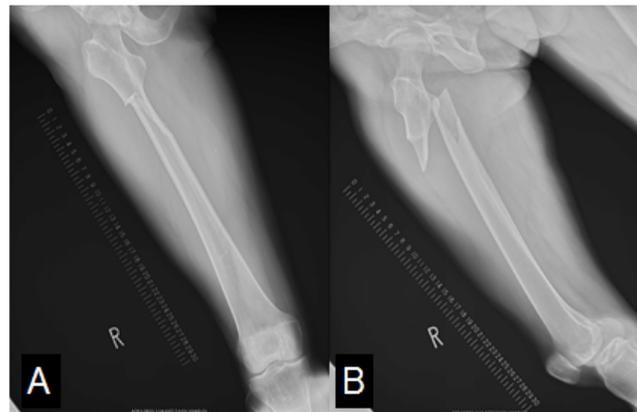


Clinical Image

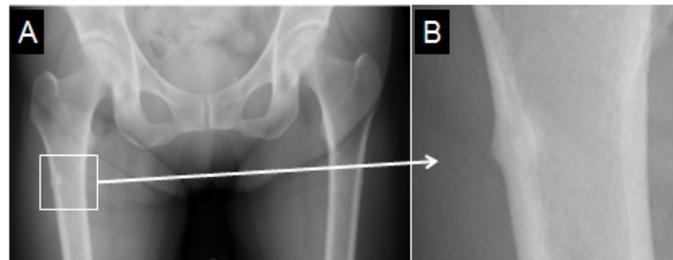
Atypical Femoral Fracture

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(1)



(2)

Figure 1: The plain radiograph showed substantial transverse subtrochanteric fracture with a medial spike.
Figure 2: Existence of a fracture line on the lateral cortex and its cortical thickness revealed.

A 66-year-old woman with a 20 year treatment history of rheumatoid arthritis and systemic lupus erythematoses presented to our hospital because of right hip pain after falling. The plain radiograph showed substantial transverse subtrochanteric fracture with a medial spike (Figures 1A and 1B). She insisted that her right hip pain occurred suddenly during walking because of which she fell. It was not after but before falling that she felt an acute pain in her right hip. She had been receiving prednisolone for more than 20 years and bisphosphonate more than 8 years. Operative fixation of the fracture was performed. Her radiograph performed 5 years ago (Figure 2A) revealed the existence of a fracture line on the lateral cortex and its cortical thickness (Figure 2B). During the long-term treatment of bisphosphonate, prodromal hip pain and radiographic findings of an incomplete fracture line might predict a typical femoral fracture. atypical femoral fracture is a rare type of fracture that occurs in the regions between the subtrochanteric and supracondylar areas and initially involves the lateral femoral cortex. Physicians should perform vigilant monitoring of cortical insufficiency and atypical femur fractures in geriatric patients on long-term bisphosphonate treatment.

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