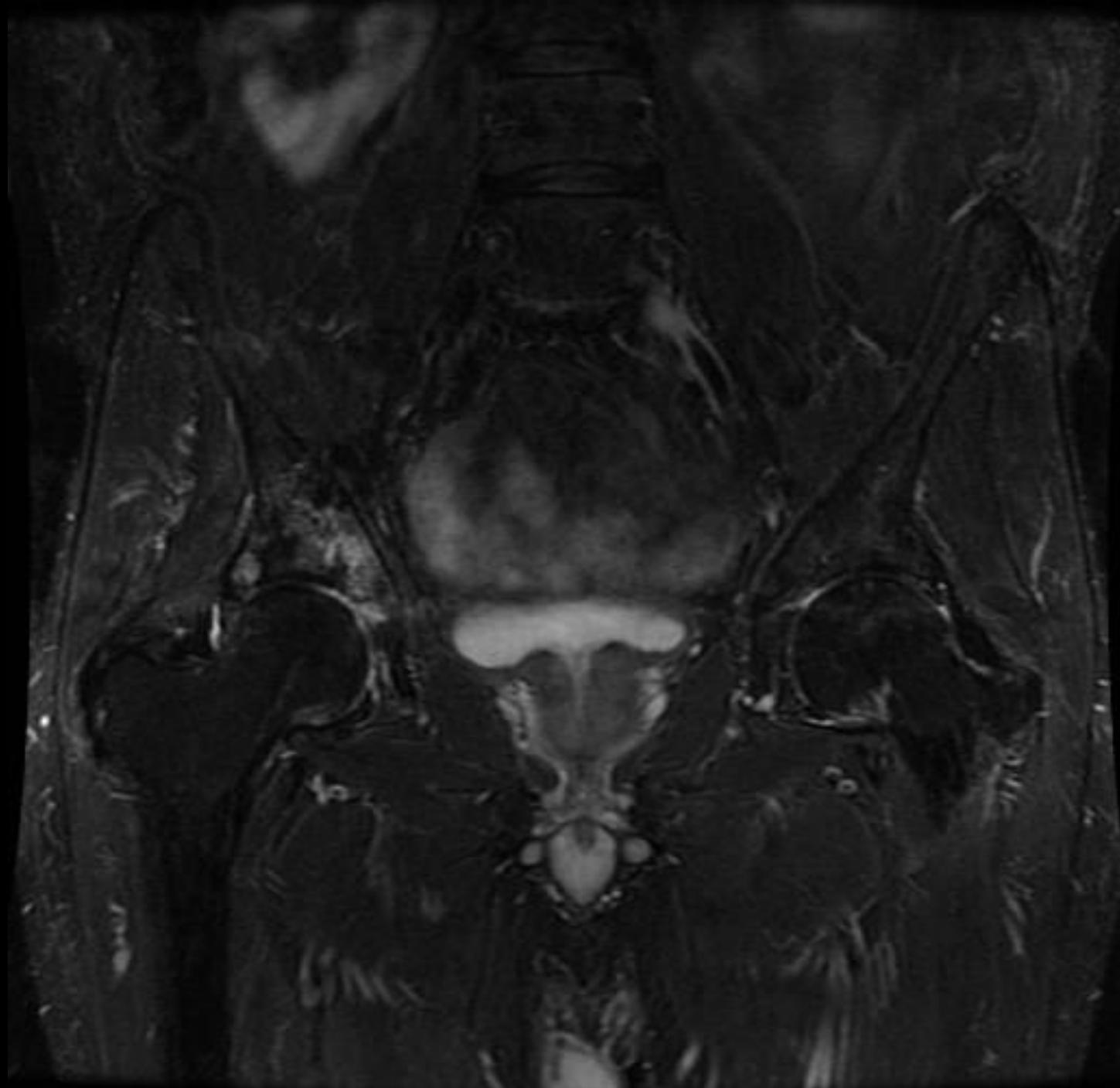
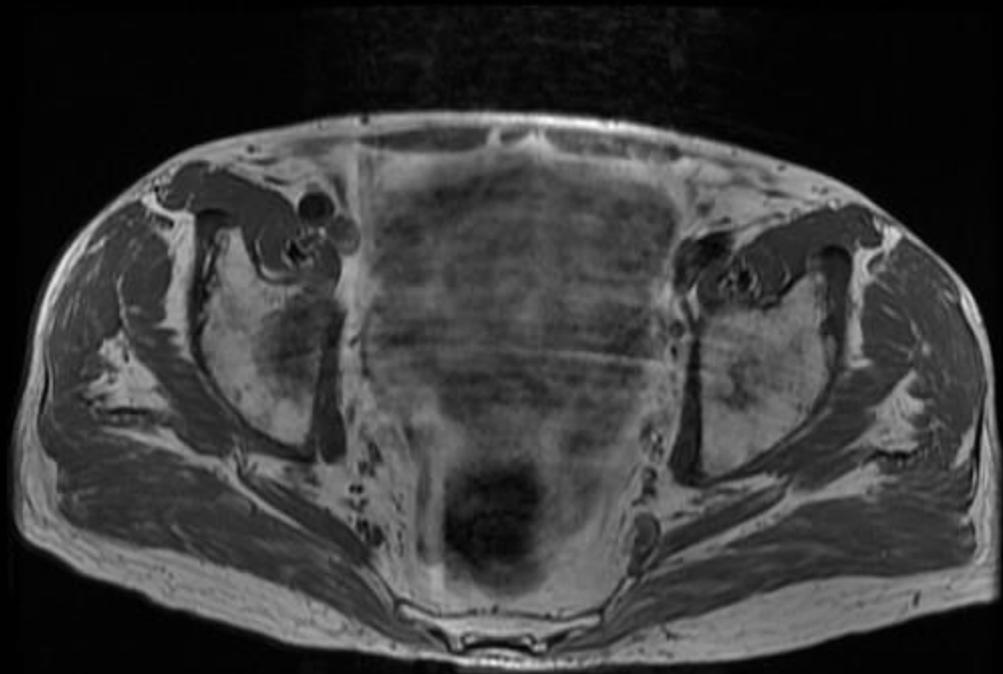
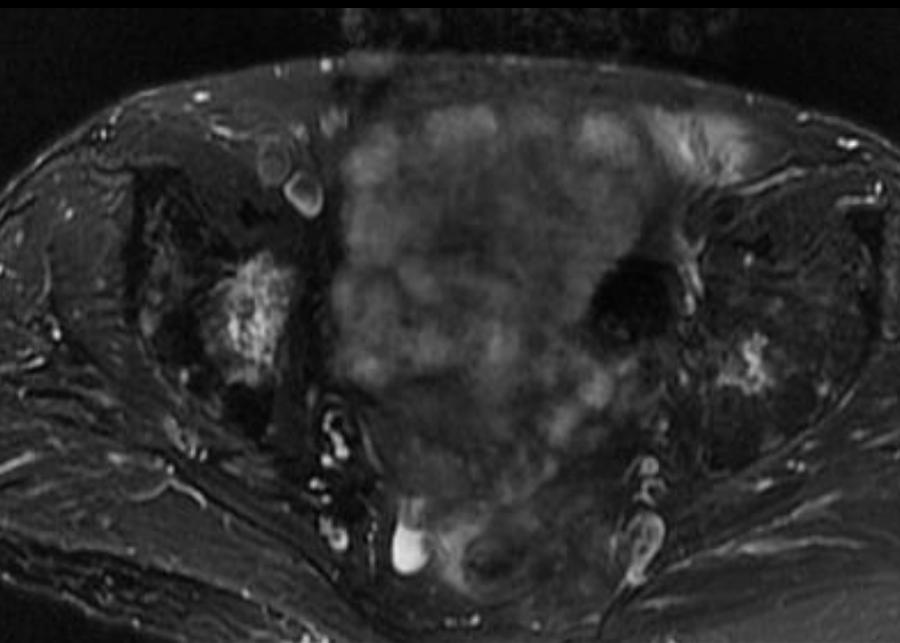
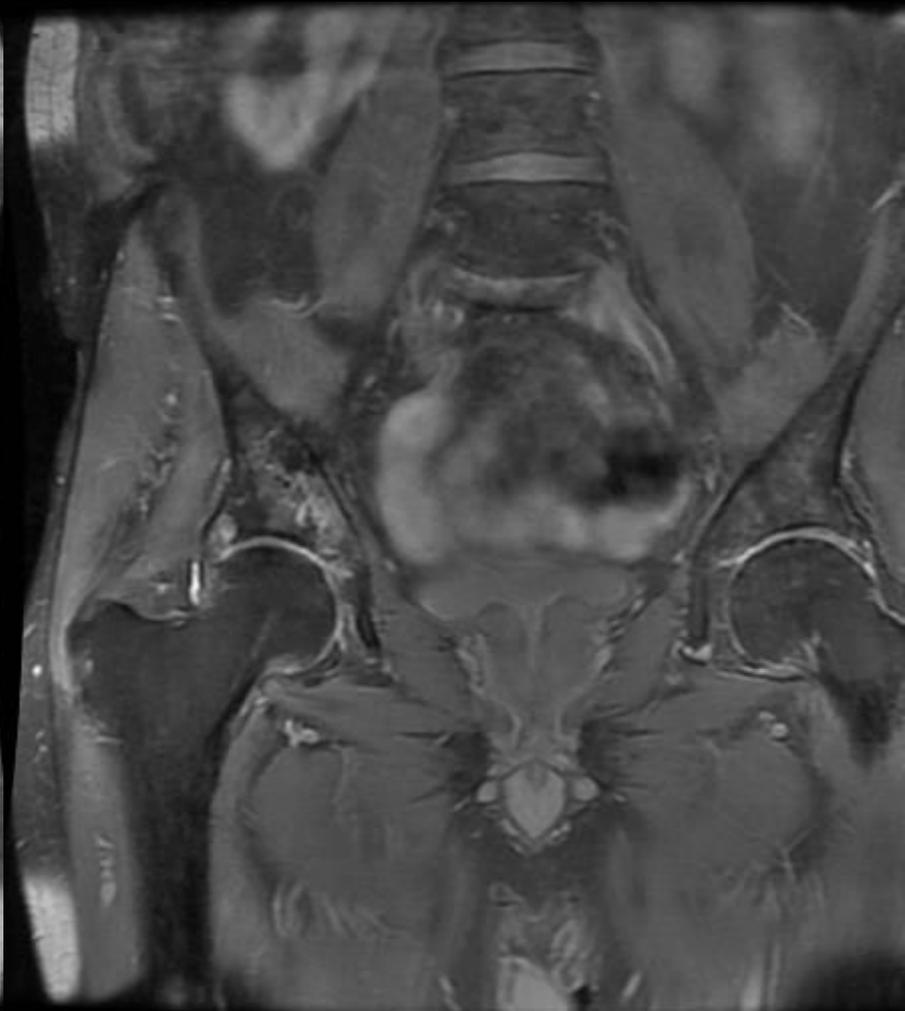
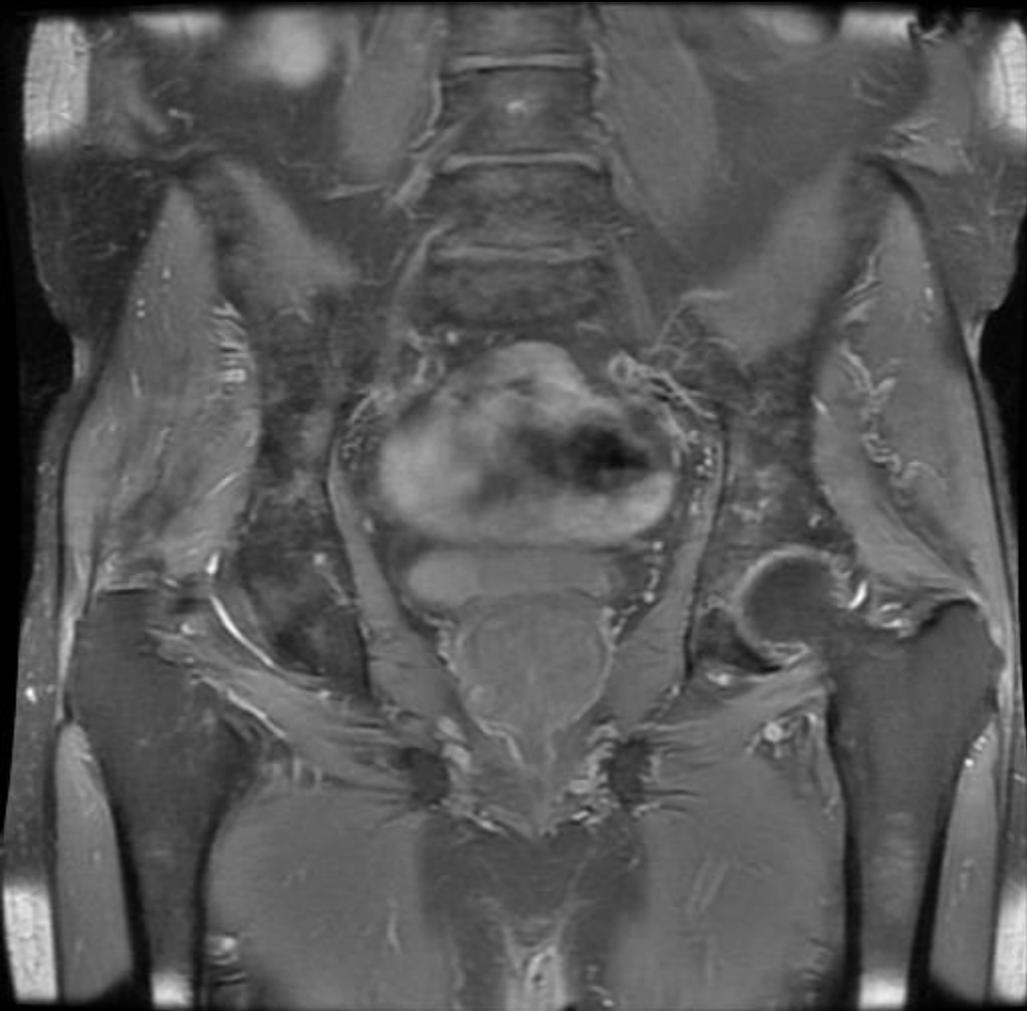


- 67-year-old male with mantle cell non-Hodgkin's lymphoma, chronic GVHD and history of prednisone



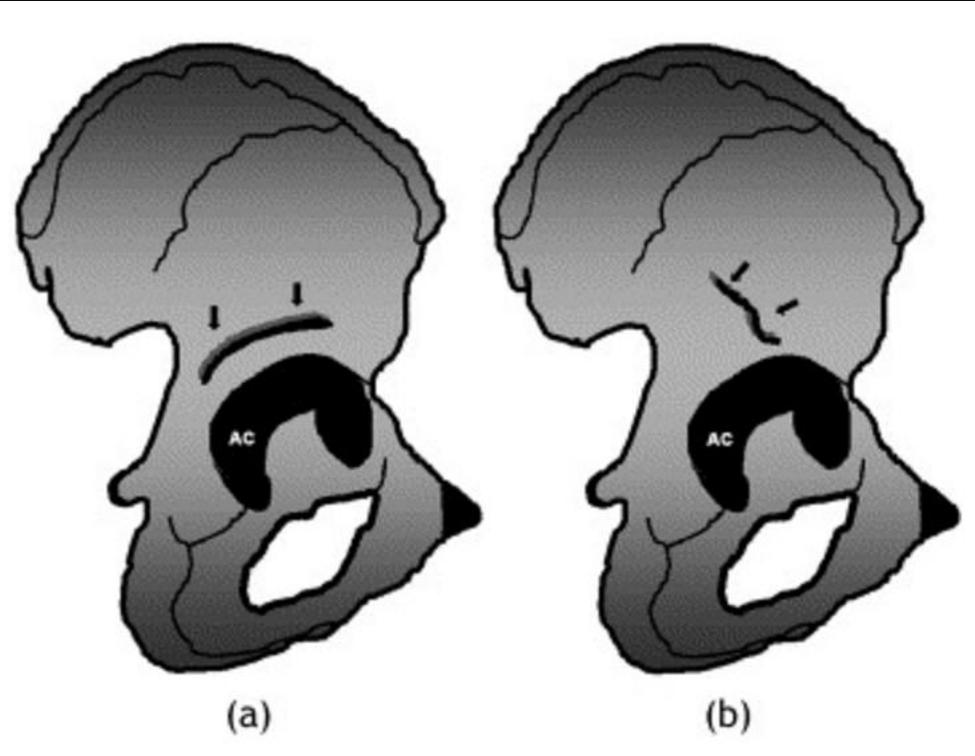






Paraacetabular insufficiency fracture

- Isolated acetabular insufficiency fractures are rare
- Most common occurs with sacral and pubic bone fx
- RF: osteoporosis, irradiation, RA, corticosteroid, etc

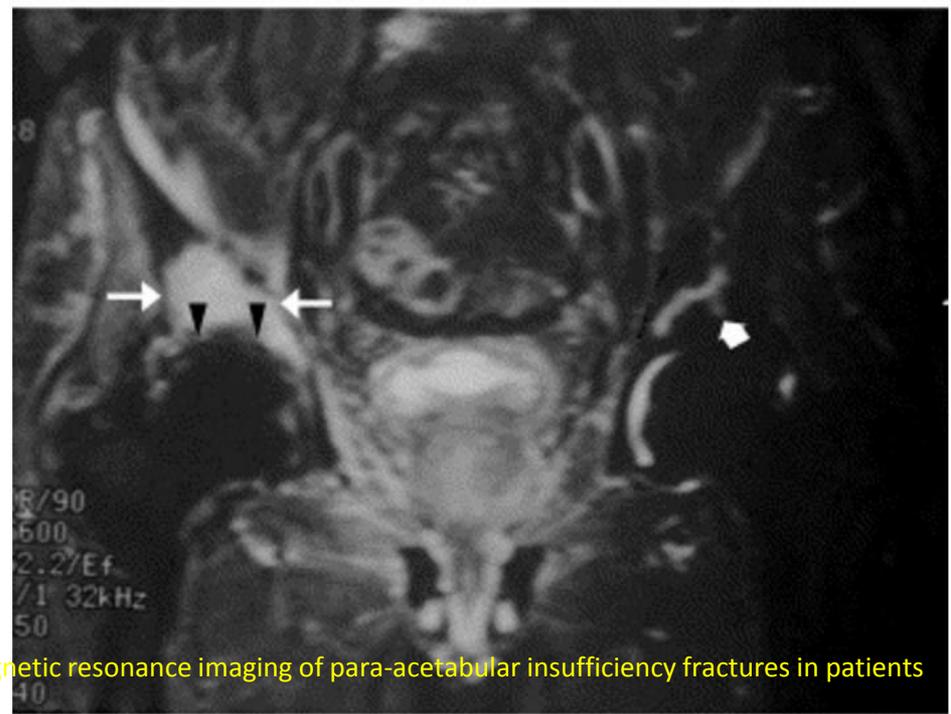


86%

14%



(a)



MRI findings: Insufficiency fracture Vs Mets

Para-acetabular insufficiency Fx:

Arch-like fracture line parallel to the acetabular roof,

Faint margins,

Unilateral or bilateral location,

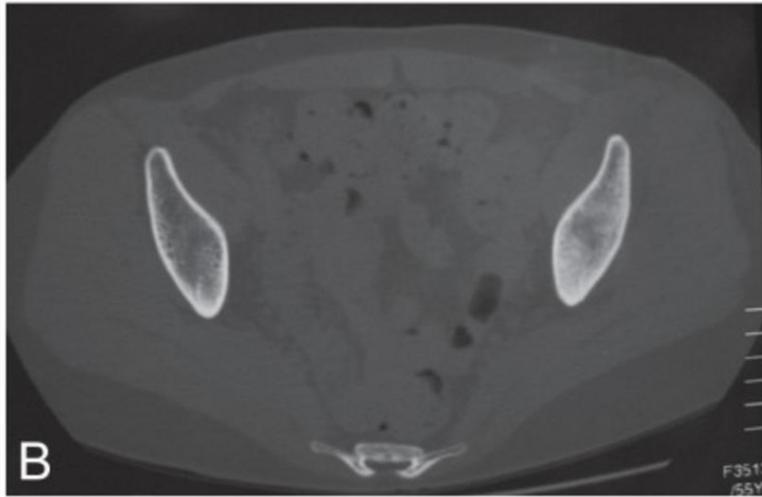
Enhancement,

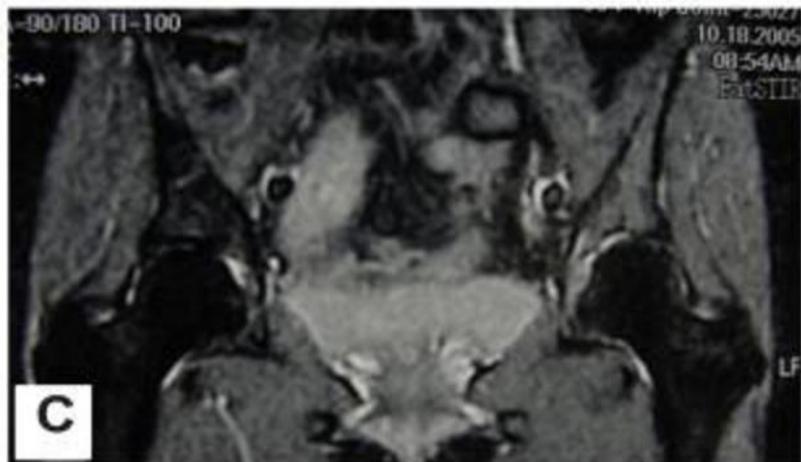
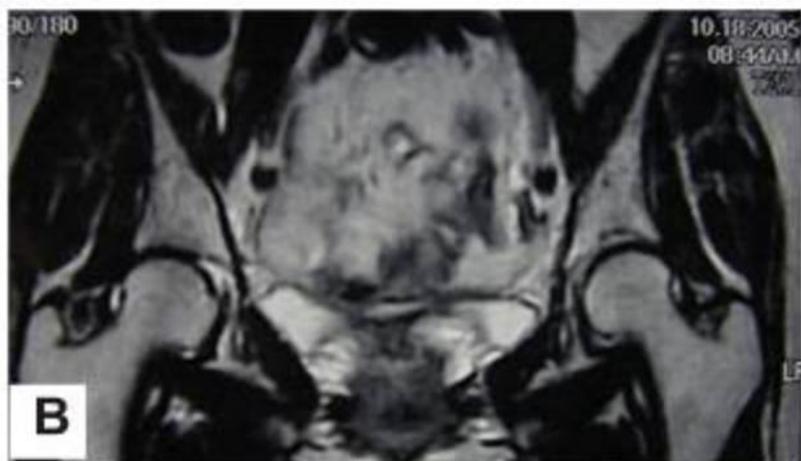
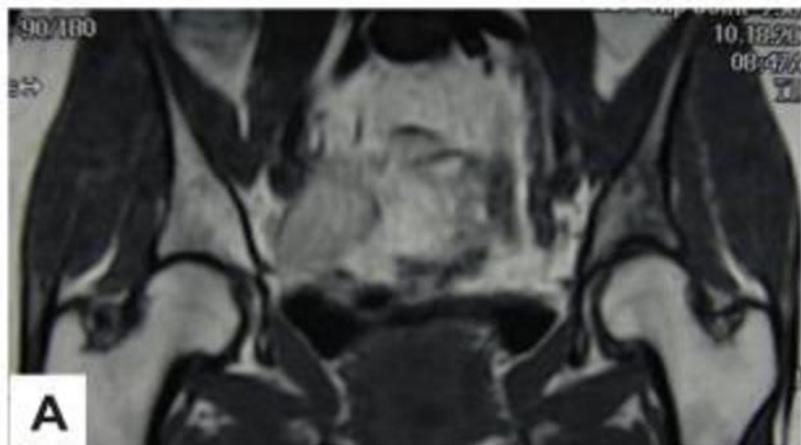
No soft tissue mass,

Metastatic bone

disease: Multifocal

+/- soft tissue mass.





Summary

- Isolated acetabular insufficiency fractures are rare
- Have a high degree of clinical suspicion
- Symptoms usually resolves in 3 months