Persistent Weakness Without Pain Exacerbation: Iliopsoas Bursitis Following THA

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Background

- Total hip arthroplasty (THA) is an effective procedure for improving mobility and reducing pain in advanced osteoarthritis.
- Postoperative complications most often manifest as pain, implant loosening, neurologic injury, or hematologic abnormalities.[1,2]
- No existing literature reports isolated hip flexion weakness without pain exacerbation or radiographic abnormalities attributable to iliopsoas bursitis following THA.[3,4]
- Iliopsoas bursitis is rarely recognized as a cause of isolated motor weakness and postoperative complication.[3]

Case Presentation

74-year-old male underwent right THA

- Postoperative baseline:
  - right hip pain and gait abnormalities
  - Isolated hip flexion weakness with the inability to lift the right leg independently while seated
- Despite years of physical therapy and conservative management, symptoms persisted without improvement.
- Resisted hip flexion strength was 2/5 but nonpainful.
- Gait analysis demonstrated mild compensatory circumduction related to hip flexor weakness but no pain or instability.
- Radiographs demonstrated well aligned, intact prosthesis with no evidence of loosening or fracture.

Imaging

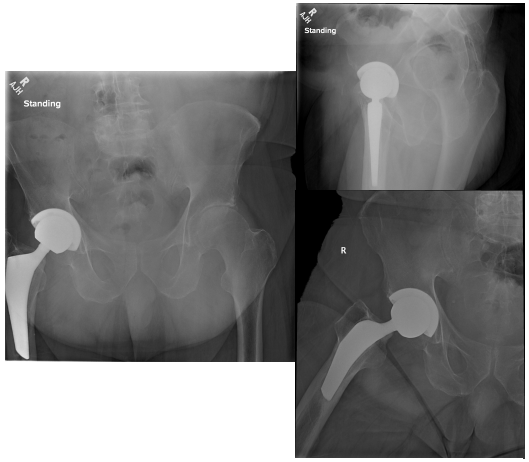

Figure 1. Anteroposterior and lateral standing radiographs of the pelvis and right hip demonstrating well aligned and intact total hip arthroplasty components without evidence of fracture, migration, or radiolucency.

Intervention & Resolution

4 years after right THA

- Underwent *ultrasound-guided corticosteroid injection* into the iliopsoas bursa.
- Within two months, complete resolution of weakness and full restoration of hip flexion strength.

Discussion

- Iliopsoas bursitis is a rare complication of THA.
- Anatomical location and variable clinical features further complicate diagnosis.[5]
- Nonoperative management of iliopsoas pathology, including ultrasound-guided corticosteroid injection, has been described as both diagnostic and therapeutic.[4,6]
- In this case, corticosteroid injection provided complete and durable recovery after years of failed conservative therapy, suggesting an inflammatory mechanism involving the iliopsoas bursa.

Conclusion

- Low-grade iliopsoas bursal inflammation can inhibit hip flexor function without pain or imaging abnormalities
- Corticosteroid injection may serve as an effective and minimally invasive treatment option for iliopsoas bursitis, restoring function and preventing unnecessary revision surgery.

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