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# ARP Case Report nº 35: What is your diagnosis?

## *Caso Clínico ARP nº 35: Qual o seu diagnóstico?*

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## Case Presentation

A previously healthy 6-year-old boy presented to the emergency department with a 5-day history of left hip pain and fever. Physical examination revealed pain on passive mobilisation of the left hip, with preserved range of motion. No other systemic or local findings were present.
Laboratory tests showed mild leukocytosis (10 520/μL) and elevated inflammatory markers (C-reactive protein 14 mg/dL). Ultrasound of the hip excluded septic arthritis, showing no effusion, synovial thickening or hyperaemia.

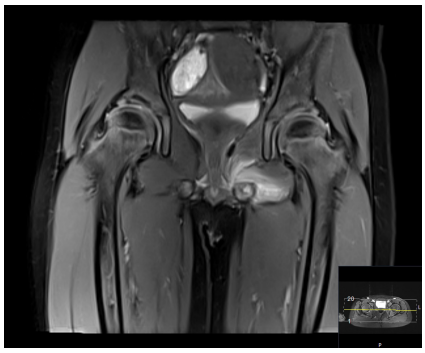

**Figure 1** – Initial MRI. DP-FS sequence, on the coronal plane.

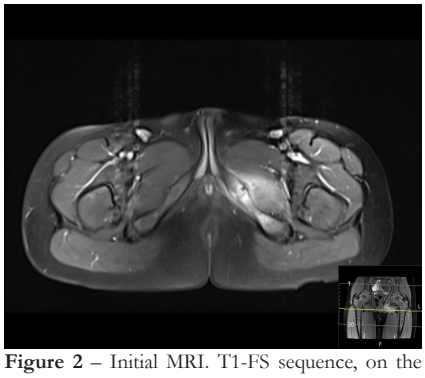

**Figure 2** – Initial MRI. T1-FS sequence, on the axial plane, after gadolinium administration.

During observation, inflammatory markers continued to rise. Blood cultures later grew Staphylococcus aureus. MRI of the pelvis was performed (figures 1,2).
Follow-up MRI eight months later (figures 3,4), at this time, with the patient asymptomatic and laboratory values normalised.
Considering the clinical and imaging evolution, what is the most likely diagnosis?

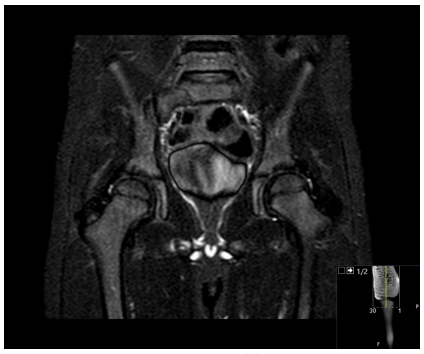

**Figure 3** – Follow-up MRI. STIR sequence, on the coronal plane.

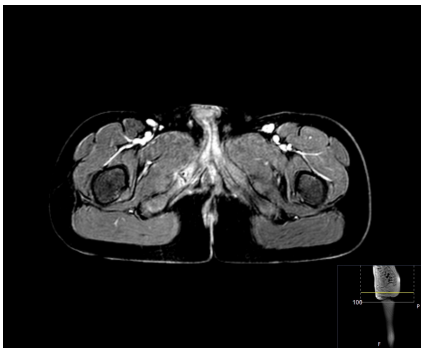

**Figure 4** – Follow-up MRI. THRIVE sequence, on the axial plane, after gadolinium administration.

Send your answer containing the diagnosis(s) to the email address actarp.on@gmail.com.
The names of the authors of the correct answers will be published in the next issue of the ARP in the case solution.