

Femur's nutrient artery canal with lytic lesion appearance: Leave this alone

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A 7-year-old child patient presented to the emergency department complaining of pain in his hip after trauma. A subsequent pelvic anteroposterior graph was performed to rule out any fractures, which revealed a lytic lesion at the diaphysis of the right femur (**Figure 1a**, arrow). The following computed tomography scan of this area showed a radiolucent line passing through the cortex into the medullary portion of the diaphysis of the bone. The finding was consistent with the nutrient artery's entry into a long bone via an obliquely oriented canal (**Figure 1b**, arrow). The radiological findings were due to the canal of the nutrient artery.

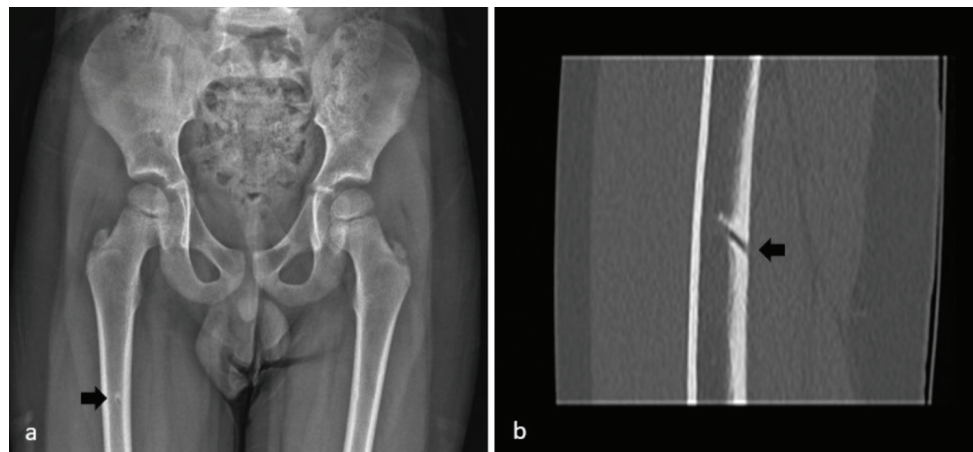


Figure 1. Femur's nutrient artery canal. a. Pelvic anteroposterior graph shows a lytic lesion at the diaphysis of the right femur (arrow). b. A sagittal non-contrast computed tomography scan shows the hypodense line of the nutrient artery entry (arrow) and canal course from the cortex to the medullary part of the femur.

The foramina of the nutrient artery is known to mimic oblique fractures on plain radiographs (Kizilkanat et al, 2007). However, in this particular case, it mimics a lytic lesion. This is the first known instance of the foramen nutrient artery imitating a lytic bone lesion.

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Conflict of interest

The authors declare that they have no conflict of interest to the publication of this article.

Reference

Kizilkanat E, Boyan N, Ozsahin ET, Soames R, Oguz O. Location, number and clinical significance of nutrient foramina in human long bones. *Ann Anat.* 2007;189(1):87–95. <https://doi.org/10.1016/j.aanat.2006.07.004>

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