

A CASE OF MISDIAGNOSED ACUTE GLUTEUS MEDIUS AND MINIMUS TEARS WITH SUBSEQUENT COMPLICATIONS

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Background

Background: Greater trochanteric pain syndrome (GTPS), including gluteal tendon tears, in the elderly is frequently misattributed to spinal pathology due to overlapping symptoms and age-related changes. Unrecognized gluteal tendon tears can lead to serious functional impairment and secondary issues.

Case report

A 76-year-old woman presented with chronic left lateral hip pain, tenderness over the greater trochanter, and limited hip abduction. Following a fall on a flat surface, symptoms worsened, including progressive limp and thigh/lumbar pain. Initial diagnostics - lumbar spine MRI (polydiscarthrosis, mainly L5-S1) and hip ultrasound (normal finding) led to a misdiagnosis of lumbar radiculopathy. Conservative treatment with physical therapy yielded no improvement. Over time, the patient developed progressive gait disturbance, gluteal muscle hypotrophy, and a positive Trendelenburg sign. Eight months later, pelvic MRI revealed chronic full-thickness tears of the gluteus medius and minimus with severe atrophy and fatty degeneration, alongside L4-L5 disc extrusion. Delayed recognition led to irreversible gait impairment requiring permanent cane use. This in turn caused worsening lumbar pain and compressive ulnar neuropathy due to cane overuse, manifesting as hand weakness. The patient also suffered emotional distress due to reduced mobility and chronic pain.

Conclusion

This case illustrates the clinical importance of considering gluteal tendon injuries in elderly patients with GTPS, particularly following trauma. These injuries are frequently underdiagnosed, and early MRI evaluation is critical for accurate diagnosis. Early diagnosis and timely management (physical or surgical) can significantly reduce the risk of long-term disability and secondary complications.

Keywords: Greater trochanteric pain syndrome