A 31-year-old Female Patient with a Thigh Skin Depression

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Section 1 – Quiz **Case description**

A 31-year-old woman, without any underlying medical history, presented to her family physician with a complaint of a small palpable and visible area of skin depression at the anterior mid-distal aspect of her right thigh. Approximately 6 weeks before her presentation, the patient was in a motor vehicle accident in which her truck flipped over and she hit this area of her right thigh. At that time there was swelling, bruising, and significant pain in the area. The bruising had resolved and the pain had substantially improved. However, over the past 2 weeks, as the swelling and bruising resolved, the patient began to notice the development of a small palpable and visible indentation in the same area. The patient denied any weakness or loss of function. The patient also denied any fever or chills. She is employed as a cashier and has not engaged in any new or recent activities.

On physical examination, there was a small visible and palpable defect at the anterior mid-distal aspect of her right thigh corresponding to the area of skin indentation. The overlying skin was intact and there was no skin discoloration or residual bruising. There was no significant surrounding edema. The patient was referred to radiology for radiographs and musculoskeletal ultrasound for further evaluation.

The radiographs were completely normal. Specifically, there was no fracture or any osseous changes, and no soft-tissue calcifications. Sonographic imaging of the area of concern was performed with B-mode [Figure 1a and 1b] and power Doppler mode [Figure 1c]. The images demonstrated a small hypoechoic defect, approximately 20 cm proximal to the patella, and corresponding to the area of the palpable defect.

Declaration of patient consent

The author certifies that he has obtained all appropriate patient consent forms. In the form the patient has given her consent

Figure 1: Ultrasound images of the anterior mid-distal right thigh. (a) Long-axis and (b) short-axis sonographic images demonstrate a small hypoechoic defect (open arrows). (c) Long-axis image obtained with power Doppler

for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

WHAT IS THE DIAGNOSIS?

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Conflicts of interest

There are no conflicts of interest.

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