

To the editor:

I read the article published by Aydoğdu et al. with great interest [1]. I congratulate them for this successfully written case report. I also want to focus on an important aspect of the case they presented, that the diagnosis in that case is likely a stress fracture. It is clear from the text and title that they did not make a diagnosis of stress fracture, despite a history of the patient having lifted heavy weights for three days. For this reason, I decided to contribute the example of our case, a patient with bilateral first rib old fractures.

A 26-year-old male was admitted with a complaint of coughing. There were no findings regarding coughing in his lung X-ray and thorax CT examinations, but we realised that his first ribs were broken. In taking further medical history, there was no history of trauma or any disease, but we learned that he was a basketball player. Thus, the bilateral first rib old fractures seen in our patient were diagnosed as stress fractures (Figure 1a-c).

Stress fractures are usually seen in lower limbs. Upper limb stress fractures are usually associated with upper limb-dominated sports such as tennis, swimming, golf, volleyball, and basketball [2]. Plain radiography frequently fails to show stress fractures during the symptomatic period. Therefore, it is difficult to diagnose. The most important fact in diagnosis is being familiar with this entity [3,4].

My purpose is to remind all readers to constantly keep in mind that fractures without a history of trauma could be stress fractures, especially in cases in which the patients are active in sports.

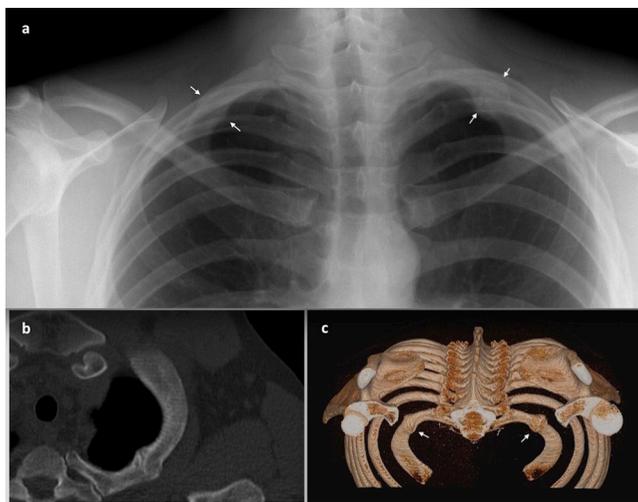


Figure 1. Posteroanterior lung radiography shows old fractures in bilateral first ribs (arrows)(a), Transverse oblique reformatted CT image demonstrates old fracture in left first rib(b). 3D image obtained with volume rendering technique shows the fractures clearly (arrows)(c).

References

1. Aydoğdu K, Özkan S, Yazıcı Ü, Karaoğlanoğlu N. Atraumatic first rib fracture. *J Clin Anal Med* 2016;7(3):396-8.
2. Jones GL. Upper extremity stress fractures. *Clin Sports Med.* 2006;25(1):159-74.
3. Peris P. Stress fractures. *Best Pract Res Clin Rheumatol* 2003;17(6):1043-61.
4. Brukner P. Stress fractures of the upper limb. *Sports Med* 1998;26(6):415-24.