



Images in clinical rheumatology

A case of osteopoikilosis

Osteopoiquilosis: a propósito de un caso

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Clinical case

A 44 year old woman came to the hospital due to pain on her right elbow, especially under weight. She has no history of of interest. She had an x-ray of both elbows. Physical examination only demonstrated pain upon pressure of the right epicondyle. No presenta antecedentes personales o familiares de interés.

Diagnosis and progression

The x-ray showed signs that led to the diagnosis: numerous small, homogeneous, well-defined and circular sclerotic lesions, grouped



Figure 1. Simple x ray of the pelvis. Multiple circular radiolucent lesions.



Figure 2. Simple x ray of the knees. Oval and confluent lesions on the distal epiphysis of the femur and the proximal epiphysis of the tibia.

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Figure 3. Simple x ray of the shoulder. Scapular and proximal humerus lesions. Characteristically, these lesions tend to group in periarticular areas.



Figure 4. Simple x ray of the ankle. Numerous circular and well defined lesions of the tarsus.

in the periarticular regions. It was a case of osteopoikilosis. There were no clinical manifestations related to the disease and no skin lesions were found. It was a casual finding. She underwent shoulder, hand, pelvis, knees and feet x-rays (Figures 1–4), and the lesions found on the elbows were also on the other areas. Osteopoikilosis may affect the epiphysis and metaphysis on long, tubular bones, as well as the carpal, tarsal, pelvis and scapular bones. The size of the lesions is uniform. The patient was diagnosed with epicondylitis and osteopoikilosis and she did not undergo treatment.

Discussion

Osteopoikilosis or disseminated condensing osteopathy is an osteosclerotic asymptomatic dysplasia. Its appearance before 3 years of age is infrequent, and occurs both in men and women. There are hereditary and sporadic cases. Clinical manifestations are unusual,

although 25% of cases may present skin lesions with collagenous infiltration, a predisposition to cheloid lesions and lesions similar to scleroderma. Radiological findings are diagnostic.¹ The differential diagnosis must be done with osteoblastic metastasis, mastocytosis and tuberous sclerosis.² The symmetrical distribution, epiphyseal and metaphyseal affection and the uniform size of the lesions are suggestive of osteopoikilosis. A normal bone scan would support the diagnosis.

References

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