

CASE PRESENTATION: INFLAMMATORY BONE LESIONS

Ana Laura Tolin

Servicio de Inmunología – Hospital Notti

Mendoza – Argentina

analaura_t@yahoo.com

Pt. History

- ❑ 14-year-old boy.

- ❑ Past history:
 - Inflammatory Bowel Disease (IBD)
 - Growth failure and short stature
 - Hypothyroidism
 - Osteopenia


Pt. History

- **CR: Flare of IBD, poliarthralgias, progressive hip pain.**
- **PIH:** Intermittent hip pain, 3 years before the admission. The pain increased in intensity preventing him from walking or standing.
- He also referred gonalgia and lumbar pain. Morning stiffness of about 2 hs.
- Generalized abdominal pain and diarrhea with bloody streaks during the last week before admission.

Physical Exam

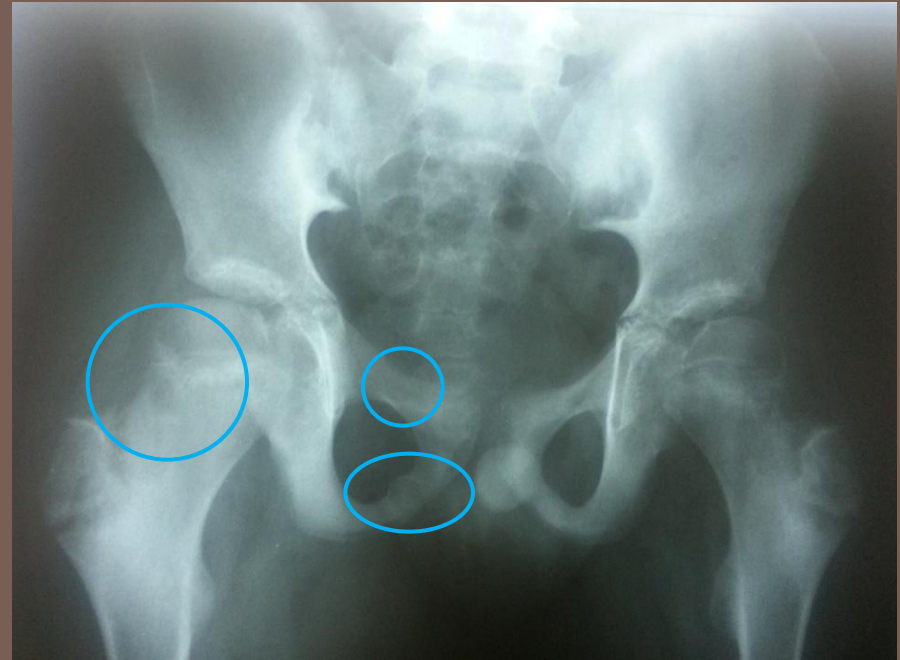
- Regular general condition, febrile, pale. Painful and distended abdomen.
- Osteoarticular system:
 - Active arthritis in hips, both knees and sacroiliac joints.
 - Tenosynovitis in the ankles.
 - Enthesitis at trochanter of right femur and both tibial tuberosities.
- Generalized muscle hypotrophy.

Assessment: lab

At admission – april 2013	
Hb	10,6
Leucocytes	8.700 (75/14)
Platelets	>500.000
ESR	74
CRP	117,56
Serum proteins electrophoresis	
TP	8,88
alb	3,02
α	1,45
β	1,07
γ	3,25
 HLA B27	Positive
Cultures	Negative

Assessment : X-rays

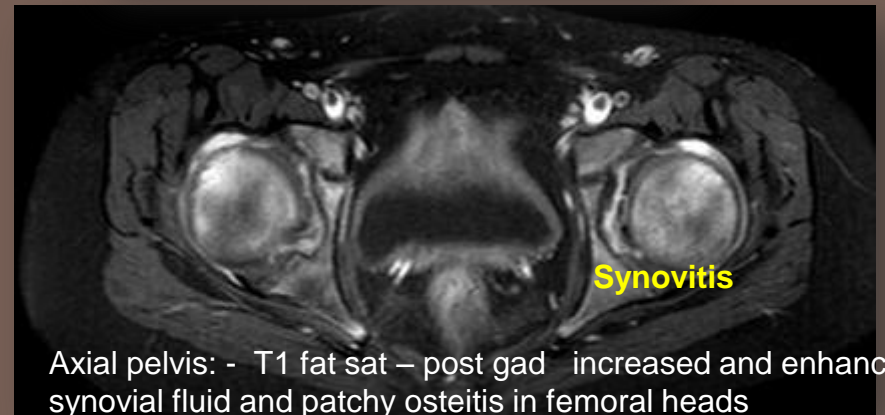
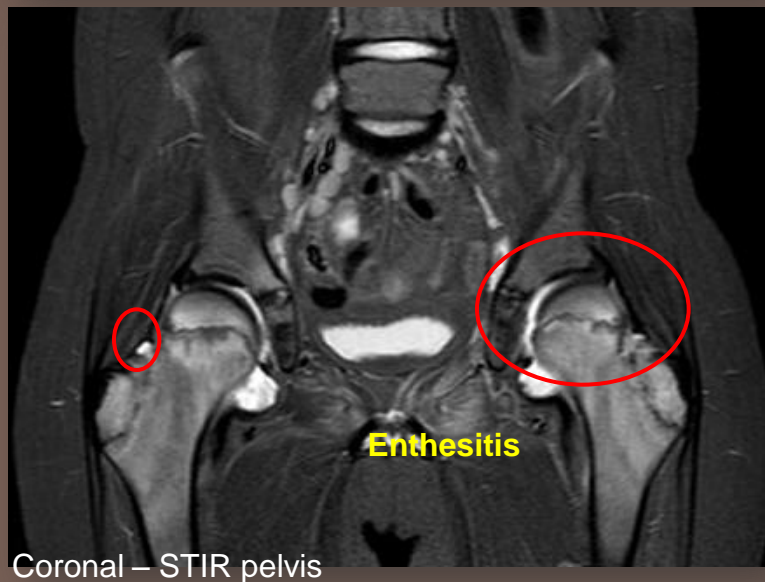
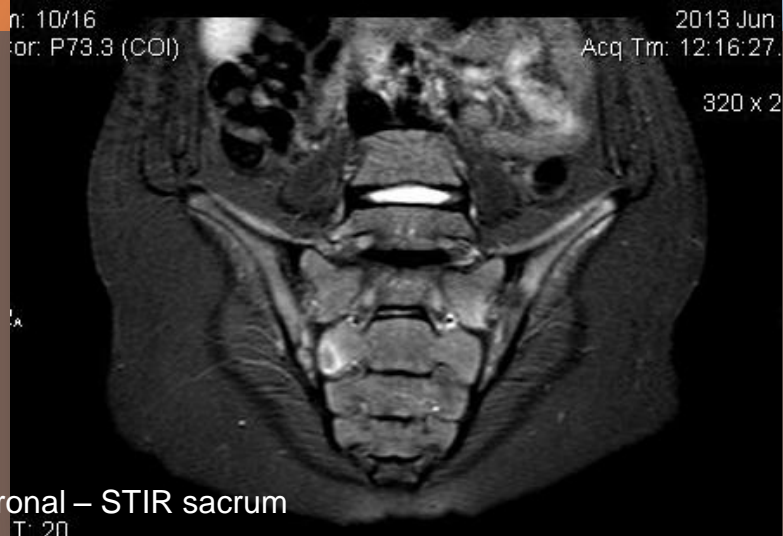
Baseline. April, 2013



X-rays showing multiple osteolytic lesions. At the distal femur in the diafiso-metaphyseal area as well as in the right femoral neck, and superior and inferior pubic ramus .

Assessment : MRI

Baseline. April, 2013



Assessment : histopathology

- **Bone biopsy at distal aspect of right femur.**

Devitalized bone spicules, other typical ones delimitating marrow spaces filled with adipose and fibrous tissue, vessel congestive and lymphocytic infiltrate rich in plasma cells.

Direct smear and culture were negative for bacteria, fungi and acid fast bacilli.

- **Conclusion: culture-negative, chronic osteomyelitis.**

DIAGNOSIS

- - Active Inflammatory bowel disease
- - Juvenile Spondyloarthritis (JSpA) vs. CMRO

TREATMENT

- - **Pamidronate** I.V.
- - **MTX** 15 mg/m²/sem SC
- - **Adalimumab** 40mg/dose SC every 14 days

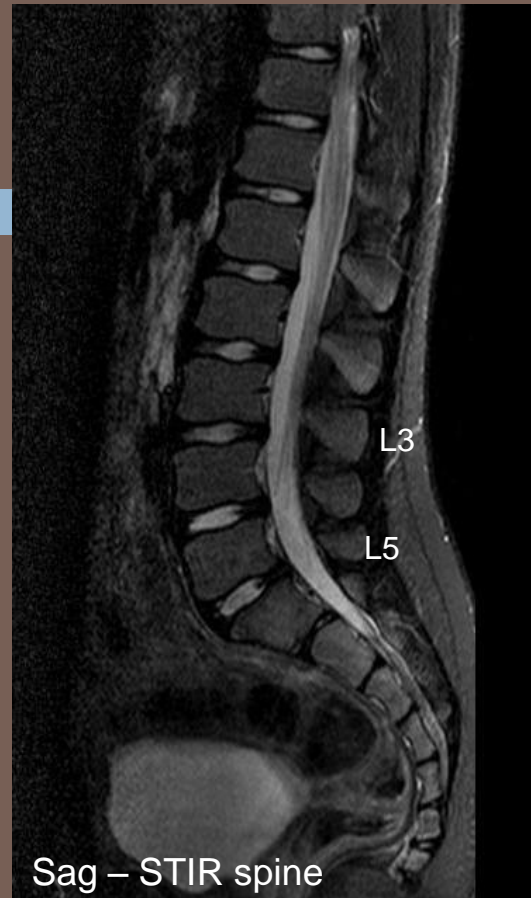
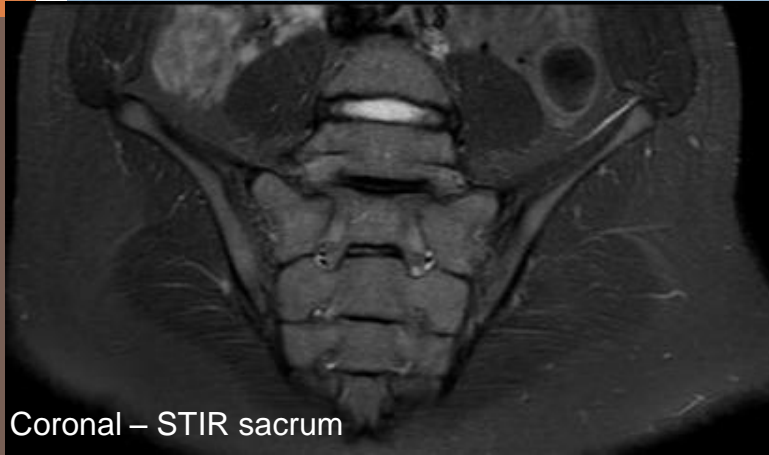
Follow up: 12 month



	At admission – april 2013	At 12 mo – jun 2014
Active arthritis	8	0
Enthesitis	Yes	NO
CHAQ (max 3)	2,6	0
Hb	10,6	14,1
Leucocytes	8.700	6.100
Platelets	>500.000	332.000
ESR	74	14
RCP	117,56	4,2
Serum proteins x E TP	8,88	7,8
αlb	3,02	4,8
γ	3,25	1.8

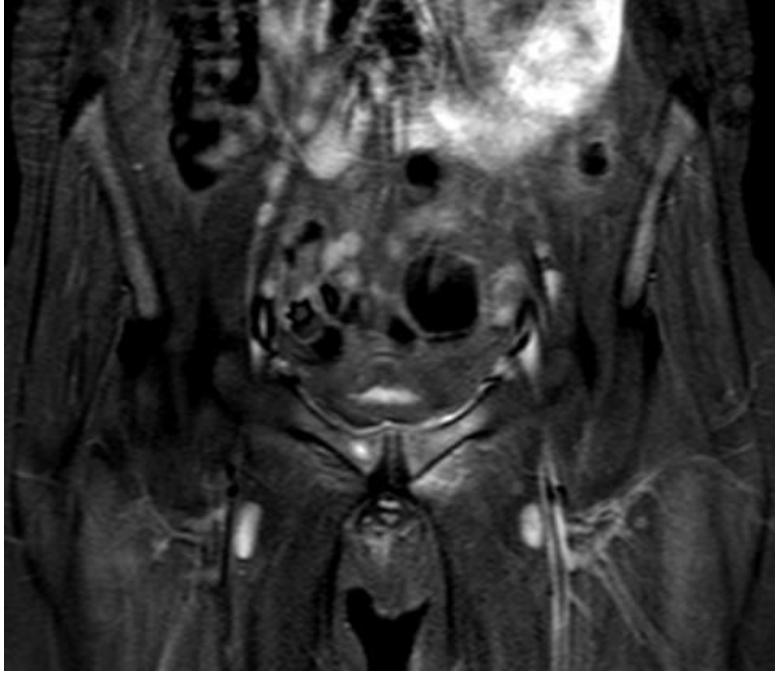
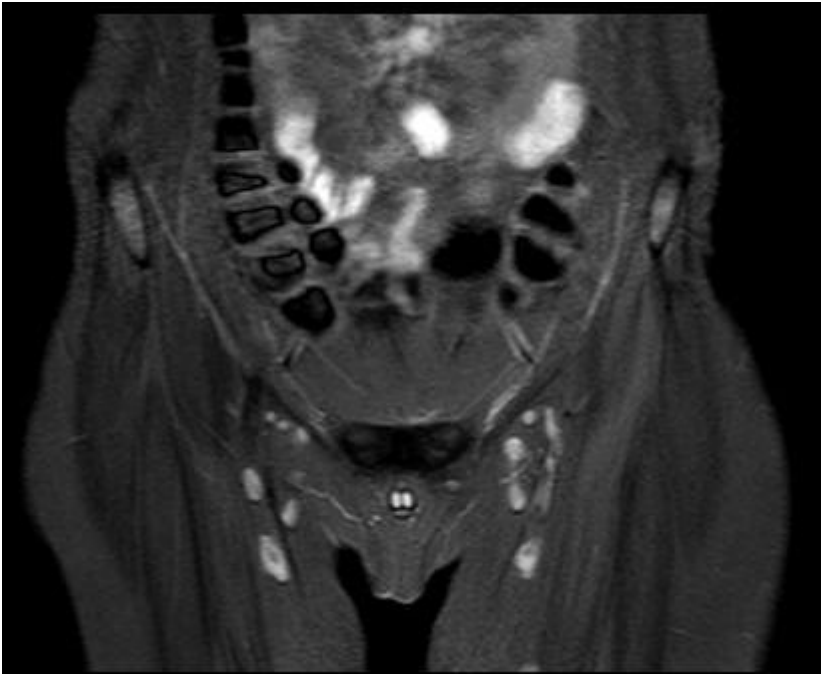
Images

Follow up, July 2014



Questions

- Is it spondyloarthritis associated with inflammatory bowel disease (IBD) or juvenile spondyloarthritis with colitis?
- Or Is this chronic nonbacterial osteomyelitis associated with the other chronic inflammatory diseases (IBD, JSpA)?



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Cor: P73.2 (COI)

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