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Case Report

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Osteopoecilia Revealed by Sprained Right Ankle

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Summary

Osteopocilia is a rare benign osteopathy of the bone, often asymptomatic, transmitted in an autosomal dominant fashion. We report the case of a 22-year-old patient in whom bone images of osteosclerosis, diffuse, homogeneous, well-limited, round and ovoid, were accidentally discovered following the realization of the standard radiography of the indicated right ankle. for trauma. The clinical examination was normal. The inflammatory laboratory tests and the blood and urine ionograms were normal. No other endocrine, morphological, skin or digestive abnormalities were found. The management consisted of reassuring the patient.

Keywords: *osteopocilia, radiography, diagnosis.*

Introduction

Osteopocilia is a benign condensing osteopathy, the pathogenesis of which is completely unknown [1]. Although it is most often isolated, it can be exceptionally associated with morphological, endocrine [2], rheumatic abnormalities (rheumatoid arthritis, seronegative spondylitis, or psoriatic arthritis) [2, 3]. We report the case of a patient, in whom imaging of the ankle indicated for trauma has diagnosed this benign osteopathy.

Observation

A 22-year-old athlete patient with no specific pathological history consulted for post-traumatic pain and swelling of the right ankle, which prompted a standard X-ray of the joint. The latter revealed multiple small islets of osteosclerosis, diffuse, homogeneous, well limited, round or ovoid, small sizes measuring 2 to 10 mm in diameter. shoulders (figure 1), pelvis (figure 2), ankles (figure 3) symmetrically. The skull, spine and ribs were spared. The bone scan was normal.

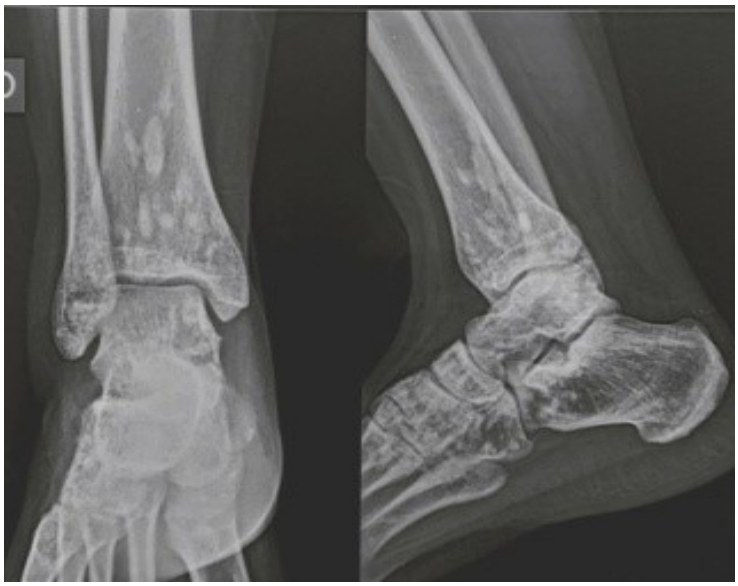

Figure 1: X-ray of the ankle face and profile showing dense lesions involving the bones of the tarsus, the lower end of the tibia and the fibula related to osteopoecilia.

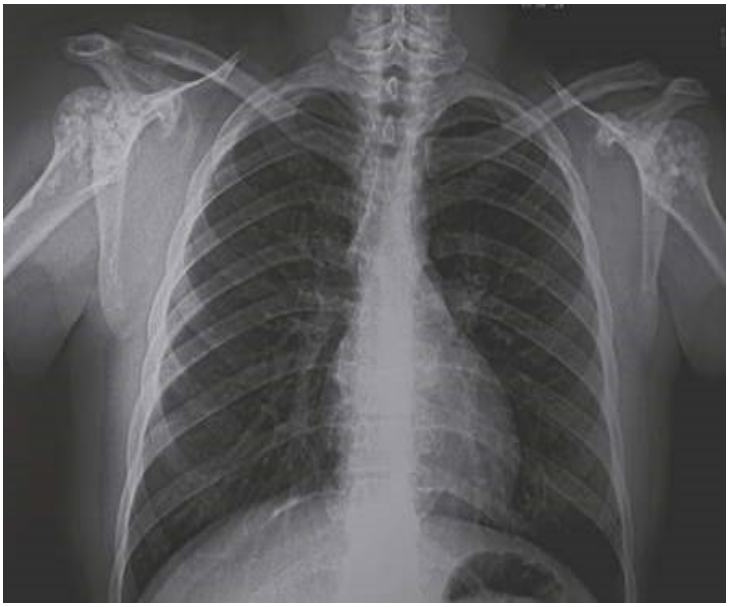

Figure 2: Front chest x-ray: Dense lesions involving the bones of the proximal end of both humeruses.

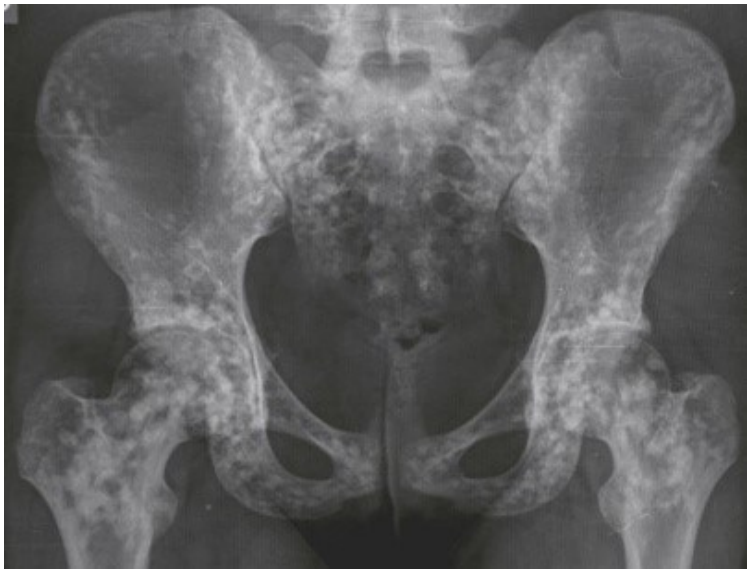

Figure 3: Frontal pelvic x-ray: Dense lesions involving the iliac bones, the sacrum, the ischio (pubic and proximal end of the femurs bilaterally in connection with osteopoecilia.

The complete blood count, the blood and urine ionogram, and the inflammatory workup were all normal. Hypovitaminosis D (11.59ng / ml) was supplemented. The diagnosis of osteopocilia has been suggested. The family investigation found the X-ray-like images of the pelvis in a 13-year-old nephew. The patient benefited from immobilization of the ankle with a semi-rigid orthosis for 4 weeks and the intake of anti-inflammatory drugs followed by rehabilitation sessions with a good clinical outcome.

Discussion

Osteopocilia is a rare, benign osteosclerosis, which was described almost simultaneously by Albers-Schönberg and Ledoux-Lebard in 1916. [4, 2]. It is most often asymptomatic, but 15-20% describe arthralgia and joint effusions.

It is an inherited condition that is inherited in an autosomal dominant fashion. The lesions are present at birth or appear in childhood. There is a male predominance, with a sex ratio of 2/1 [2]. The average age of discovery is between 15 and 60 years old. In our case, a family investigation found similar images on the pelvic x-ray in a 13-year-old nephew.

The discovery of radiological images poses the problem of differential diagnosis, mainly condensing metastases. In addition, tuberous sclerosis of Bourneville, mastocytosis, certain bone dysplasias with osteocondensation such as striated osteopathy and melorheostosis, can be mentioned. The course is generally mild. It may be exceptionally associated with morphological, endocrine [2], rheumatic (rheumatoid arthritis, seronegative spondylitis, or psoriatic arthritis) abnormalities [2, 3, 5]. However, none of these associations are based on relevant epidemiological

evidence, suggesting that they could be chance encounter pathologies. In our case, the assessments carried out in this direction did not reveal any anomalies. Its diagnosis is based primarily on the radiological appearance of the lesions associated with a normal clinical examination [4,6]. Bone scintigraphy is usually normal [2, 7]. Computed tomography and MRI are unnecessary to confirm the diagnosis [7].

Conclusion

Osteopoecilia is a rare, benign inherited condition. Its diagnosis is made on standard X-rays and usually does not require further investigation. It can be associated with bone, skin, visceral lesions or arthralgia. The differential diagnoses are condensing bone metastases, tuberous sclerosis, and mastocytosis. No treatment is necessary. The patient should be reassured by the benign nature of the radiological images.

Declaration of links of interest

The authors declare that they have no competing interest.

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