

AN UNUSUAL CASE OF OSTHEOARTHRITIS?

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KEYWORDS: Forestier disease, diffuse idiopathic skeletal hyperostosis, osteoarthritis, bone, radiography

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MT: study conception, acquisition and data analysis, and drafting of the manuscript; JRP, FCF, TR, MA: study conception and drafting of the manuscript, critical revision of the manuscript; CN, NN: supervised the drafting of the manuscript, and critical revision of the manuscript. All authors reviewed the final draft of the manuscript and approved its submission.

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KEY CLINICAL MESSAGE: Forestier disease is a condition characterized by calcification and ossification of ligaments and entheses, affecting axial skeleton and peripheral tendinous and enthesal sites. The diagnosis is difficult since you have to remember the possibility, and can be easily mistaken for seronegative spondyloarthropathies or for osteoarthritis, leading to inappropriate treatments¹.

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CLINICAL IMAGE:

A 70-year-old male with history of hypertension presented with difficulty in mobilization of his head and neck during the previous months, with hypoesthesia on the left portion of the forehead, limitation while walking due to a loss of strength in the dorsiflexion of the left foot and hypoesthesia and paresthesia of the dorsal portion of the left foot. He presented with a sedimentation rate of 85mm (<15mm), rheumatoid factor, anti-CCP and HLA-B27 were negative. The images of the skeletal radiography (Panels A-D) showed an ossification of the ligaments and muscle insertions, particularly alongside the cervical and lumbar portion of the anterior longitudinal ligament (Panels A-C) and diffuse signs of enthesopathy, the most notorious at the pubic symphysis (Panel D). These findings suggested the diagnosis of diffuse idiopathic skeletal hyperostosis (DISH). Symptomatic pain management was initiated since direct treatment for this condition is currently unavailable.

The prevalence of DISH is expected to rise as it is related to older age and metabolic syndrome². The pelvis is one of the main extraspinal involved sites and has been suggested to be included in future classification criteria¹. The clinical relevance is beyond unstable spinal fractures to involvement of the cardiovascular, respiratory and gastrointestinal systems^{1,2}.

Data Availability Statement: Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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IMAGES

Figure A: Cervical spine radiography revealing thickening and ossification of anterior longitudinal ligament (arrows) .

Figure B: Thoracic spine radiography revealing ossification of anterior longitudinal ligament (arrows).

Figure C: Lumbar spine radiography revealing large non marginal osteophytes (arrows).

Figure D: Pubic symphysis enthesopathy (arrow).

