

Clinical Image

Multifocal Osteonecrosis in Systemic Lupus Erythematosus

Uzma Sabahat* and Navin Kumar

Medical Affairs Department, Rashid Hospital, Dubai, UAE



Figure 1: A) Radiographs of left knee joint showed serpiginous sclerosis along the distal femur and proximal tibia suggestive of bone infarcts. B) Radiographs of left knee joint showed serpiginous sclerosis having serpiginous borders and characteristic double line sign consisting of high signal intensity inside and a low intensity peripheral rim. C) Radiographs of left knee joint showed serpiginous sclerosis TIWI.

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A 55 years old African male known case of SLE, Hypertension and atrial fibrillation was admitted in Internal medicine unit with acute ischemic stroke. He was on 10 mg prednisolone, azathioprine 50 mg BD and hydroxychloroquine 200 mg once daily and was in remission. His last SLE flare was 6 months back. On day 3, he complained of left knee pain. Left knee and lower thigh were tender without any swelling or erythema. Radiographs of left knee joint showed serpiginous sclerosis (A) along the distal femur and proximal tibia suggestive of bone infarcts. No periosteal reaction was detected and joint space was preserved. MRI lower limbs showed bilateral involvement of distal femur and proximal tibia with intramedullary lesion (B) having serpiginous borders and characteristic double line sign consisting of high signal intensity inside and a low intensity peripheral rim (C) on T2WI /STIR and TIWI (D) (Figure 1). His pain was controlled with simple analgesics (NSAIDs, acetaminophen). He was pain free on follow up visit in 4 weeks.

*Corresponding author: Dr. Uzma Sabahat, Medical Affairs Department, Rashid Hospital, Dubai, UAE, Tel: 00971552314164; E-mail: uzmasabahat@hotmail.com Citation: Sabahat U, Kumar N (2017) Multifocal Osteonecrosis in Systemic Lupus Erythematosus. Int J Clin Med Imaging 4: 585. doi:10.4172/2376-0249.1000585

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