

Case Blog

Sclerosing Osteomyelitis in the Long Bone

Masao Sato^{1*} and Ryuki Shinohe²

¹Department of Rheumatology, Matsunami General Hospital, Hashima Gifu, Japan

²Department of Orthopaedic Surgery, Nishimino welfare Hospital, Yoro Gifu, Japan



Figure 1: Radiographs with marked expansion and sclerosis of the humerus. (a) Anterior-posterior view (b) Lateral view (c) Bone scans with increased activity in the humerus.

Clinical Presentation

A 26-year-old woman presented with a 5-year history of pain, upper arm swelling, and slight limitation of elbow range of motion. Radiographs indicated marked expansion and sclerosis of the humerus (Figures 1a and 1b). The blood examination findings were normal. ^{99m}Tc diphosphonate bone scans indicated increased activity in the sclerotic area in the humerus (Figure 1c). A biopsy was performed to confirm the diagnosis. A histopathological examination revealed chronic inflammation, fibrosis, and no malignancy. No growth was noted on bacterial examination. Her parents stated that elbow swelling was present since she was 4 or 5 years old, for which she had received some antibiotics via drip infusion that resolved her symptoms. The treatment of sclerosing osteomyelitis is usually determined on an individual basis. In this case, non-steroidal anti-inflammatory drugs were administered for more than 10 years, and the patient's condition has not worsened. This disease is also known as Garré's sclerosing osteomyelitis. Bacterial infection is highly suspected as a cause of this disease, but culture examination is usually negative like this case.

*Corresponding author: Masao Sato, Department of Rheumatology, Matsunami General Hospital, Hashima Gifu, Japan, Tel: 058-388-011; E-mail: sat@air.linkclub.or.jp

Citation: Sato M, Shinohe R (2016) Sclerosing Osteomyelitis in the Long Bone. *Int J Clin Med Imaging* 3: 496. doi:10.4172/2376-0249.1000496

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