



Sternoclavicular Hyperostosis : A Subtype of SAPHO Syndrome.

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Fig. 1. Showing prominent sternoclavicular joint.

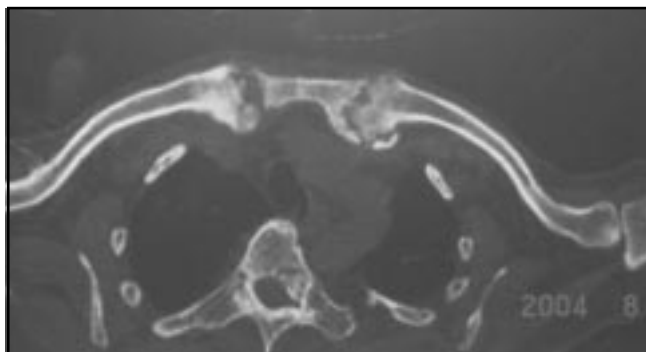


Fig. 2. CT Scan of sternoclavicular joints showing expansion of clavicular end.

A 45-year-old patient presented with recurrent upper chest pain of 5 years duration. The physical examination revealed prominent and tender sternoclavicular joints bilaterally (Fig 1). Erythrocyte sedimentation rate was 35 mm at the end of 1 hour and CRP within normal limits. HLA-B27 was negative and Rheumatoid factor negative. Patient did not have a history of fever. CT scan of the sternoclavicular joints (Fig 2) revealed expansion of the clavicular ends, hyperostosis as well as erosions involving the sternum as well as medial end of clavicle bilaterally. Patient did not have any history of skin lesions. The radiological changes are characteristic changes of Sternoclavicular Hyperostosis, a subtype of SAPHO syndrome (1,2). The acronym SAPHO stands for Synovitis, Acne, Pustulosis, and Osteitis. The skin lesions may manifest years later and may not parallel with the bony lesions (3). The condition is under-recognized and commonly mistaken for septic cause ; especially for a tuberculous cause. Awareness of the syndrome and its skeletal manifestation will lead to an early diagnosis and appropriate treatment.

References

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