

A Geriatric SAPHO Syndrome

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Clinical Image

Recognized as a pathological entity in its own, the SAPHO syndrome belongs to the group of spondyloarthritis and it reflects a set of signs such as synovitis, acne, pustulosis, hyperostosis and osteitis. The age of onset ranges from childhood to late adulthood, with a median age between 30 and 40 years.

We report the case of an 80-year-old man with a medical history of prostate cancer treated with hormone therapy, blood high pressure and bilateral blindness caused by active bilateral cataract. He was admitted for management of inflammatory sternocostal and lumbar bone pain. Osteoarticular clinical examination awoke pressure pain in the sternoclavicular and chondrocostal joints and found obvious sensitive sternal hyperostosis, as well as pain caused by dorso-lumbar spine palpation. Skin examination found bilateral palmar pustulosis (Figure

1A). Biology found a moderate non-specific inflammatory syndrome with a normal prostate-specific antigen level. Thoraco-abdomino-pelvic CT showed sternocostal hyperostosis. Bone scintigraphy images (Figures 1B and 1C) showed a "bull-horn sign" highly suggestive of SAPHO Syndrome without secondary bone locations. Given the clinical features suggestive of SAPHO Syndrome, the patient was put on nonsteroidal anti-inflammatory drugs with a good clinical evolution.

The frequent delay in positive diagnosis, usually related to the lack of awareness of the syndrome and the fear of a bone tumor process, is a major source of abusive antibiotic treatment and/or traumatic biopsies for patients. In these particular cases, imaging and especially bone scintigraphy is often the key to diagnosis.

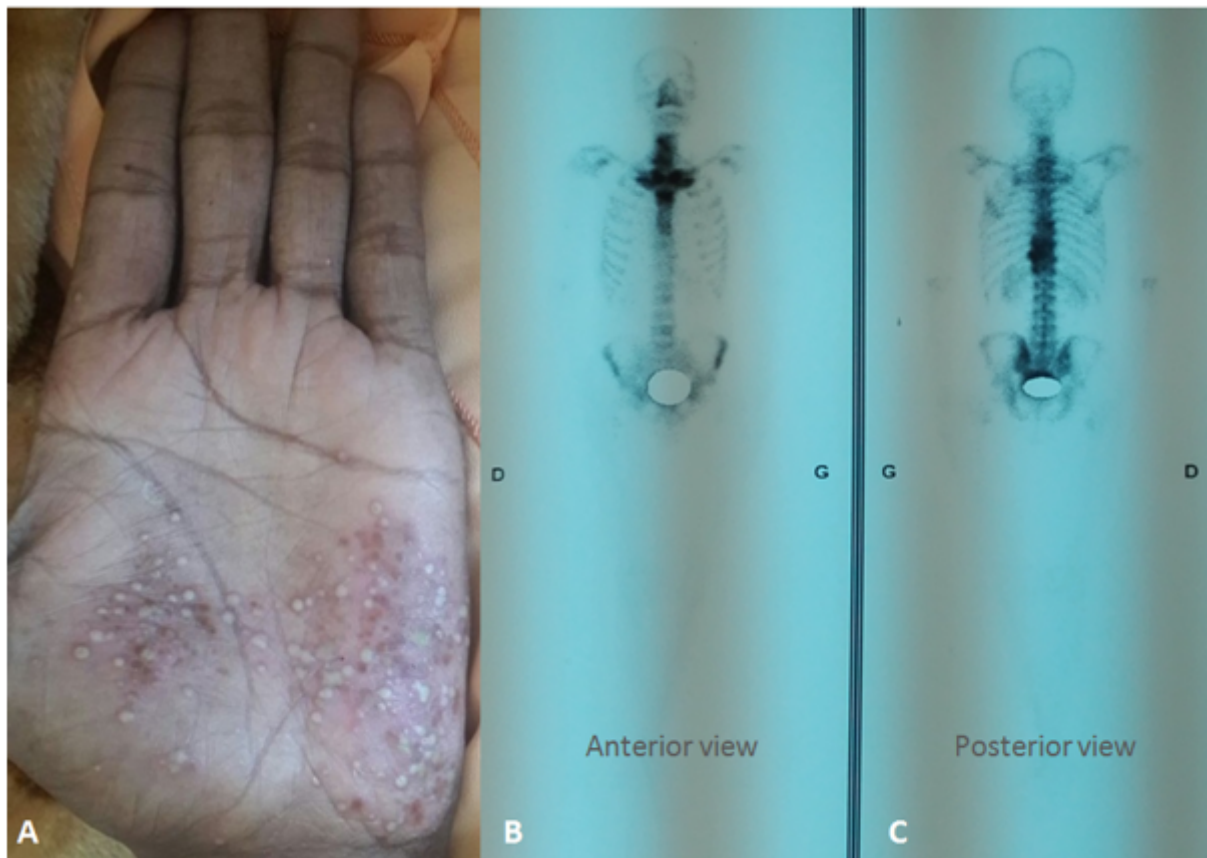


Figure 1: (A) Palmar pustulosis; (B) Hyperfixation in the sternum; (C) Hyperfixation in dorsal spine.

Patient Consent

Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

Conflict of Interest

None.

Acknowledgement

None.

Disclosure

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