Acro-osteolysis in a Patient with Scleroderma

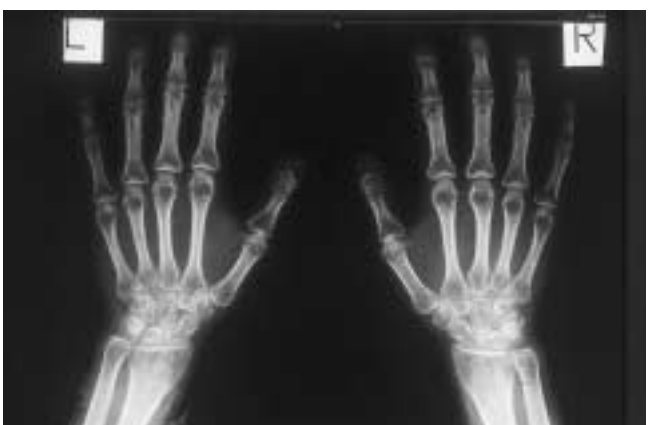
Gisele Zandman-Goddard MD[1] and Sigal Tal MD[2]

[1] Department of Medicine B and [2]Department of Radiology, Sheba Medical Center, Tel Hashomer and Sackler Faculty of Medicine, Tel Aviv University, Ramat Aviv, Israel

IMAJ 2002;4:231

A 32 year old woman was admitted due to diffuse systemic sclerosis. Clinical manifestations included Raynaud's phenomenon, skin fibrosis, telangiectasia, esophageal involvement and pulmonary fibrosis. Examination revealed diffuse skin changes, reduced oral aperture, mouse-like facial features, flexion contractures of both hands, digital ischemic ulcerations of the fingertips and under the fingernails, appearing as necrotic debris trapped under the nail. There were areas of hypopigmentation (vitiligo-like) on the dorsal surface of the hands. The patient was unable to make a fist. The Rodnan score (assessment of skin fibrosis) was 15. There was no evidence of calcinosis.

Radiography of both hands revealed symmetric resorption of soft tissue of the fingertips. There were erosions of the distal tufts due to acro-osteolysis. No evidence of erosive disease of the interphalangeal joints was found. No subcutaneous calcification was detected. Calcinosis is characteristic of diffuse, anti-Scl 70-positive scleroderma in only 20% of cases.



Correspondence: Dr. G. Zandman-Goddard, Dept. of Medicine B, Sheba Medical Center, Tel Hashomer 52621, Israel.
Phone: (972-3) 530-2435, 054-543335
Fax: (972-3) 535-2855
email: gzg99@yahoo.com, gzgodd01@sheba.health.gov.il