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CHRONIC RECURRENT MULTIFOCAL OSTEOMYELITIS: CASE REPORT

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BACKGROUND

Chronic recurrent multifocal osteomyelitis (CRMO) is an inflammatory bone disease, characterized by recurrent and multifocal bone lesions, which histopathologically resemble osteomyelitis; however, with a negative culture. It is a childhood disease, but it is rarely found in adults.

CASE REPORT

A 64-year-old, female patient, who was hypertensive, diabetic, cardiopathic, with chronic kidney disease, complained about the progressive dyspnea, due to minimal efforts, for about 4 months. She also had lower limb edema and an atypical chest pain, which is associated with increased bone volume in the proximal region of the right clavicle (Fig. 1). She sought medical care in the emergency department and received a diagnosis of a low urinary tract infection and an acute renal failure. She was admitted to hospital and started hemodialysis after 7 days, evolving with sepsis by catheter. Because of this, there was a need for broad-spectrum antimicrobial therapy. There was no regression of the lesion during treatment. The lesion was painful and erythematous, but did not restrict the range of motion or daily activity. Laboratory tests showed leukocytosis, mild normocytic/normochromic anemia and elevated levels of CRP and ESR. Tomography revealed a lytic and sclerotic lesion in the proximal third of the right clavicle and on the left sacroiliac joint (Figs. 2 and 3). Bone scintigraphy found a hypercaptation on the region of the clavicle, acromion on the right and a sacroiliac joint on the left of an indeterminate aspect. Bone biopsy also confirmed a diagnosis of mononuclear inflammatory infiltration and the absence of malignant signs, besides mycobacterial culture, common germs and negative fungal culture.

Figure 1. Tumor injury in the proximal region of the right clavicle.

Figure 2. Lytic lesion in the region of the proximal clavicle and sternoclavicular joint.

Figure 3. Lytic injury in the left sacroiliac joint.

CONCLUSION

Chronic recurrent multifocal osteomyelitis is a common childhood disease and its peaks happen between 7 and 12 years of age. However, it is rarely expressed in adults and can occur at any age. Clinical manifestations are usually insidious and associated with pain, heat, edema and erythema in the area of a bone injury, mimicking infectious causes. Pain typically appears during the day, but it can occur in the evening and these symptoms can cause functional limitations. Systemic symptoms such as fever, malaise and weight loss are common and one-third of patients have an inflammatory bowel disease. In adults, the main affected bones are long bones, pelvis and clavicle. The diagnosis of CRMO is by exclusion and is based on the patient's clinical, radiological and histological exams. The treatment of CRMO does not follow protocols and involves using nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, bisphosphonates, anti-TNF and MTX/sulfasalazine.