OSTEOPOIKILOSIS IN A DIABETIC PATIENT COMPLICATED WITH ADHESIVE CAPSULITIS AND RETINOPATHY

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Osteopoikilosis (OPK) is a rare osteosclerotic bone dysplasia which has an autosomal-dominant inheritance pattern and its etiology and pathogenesis remains obscure[1]. The primary problem of sclerotic bone dysplasias is impairment in bone remodeling and formation. Patients are usually asymptomatic, but 15-20% may have articular pain. Most of the reported cases have been found accidentally on radiographs taken for other purposes. Roentgenographic findings are numerous, sclerotic, well-defined circular or ovoid foci in a symmetric distribution of meta-epiphyseal areas of affected bones[2]. OPK does not require any specific treatment and it is persistent throughout life.

We herein present a case-report of a 51-year-old male patient with a poorly controlled long-term type 2 diabetes mellitus, complicated with adhesive capsulitis (AC) of the left shoulder and retinopathy in whom, OPK was diagnosed. The patient suffered from difficulty to move his left shoulder for 4 years. On musculoskeletal examination, his left shoulder active and passive ranges of motion were markedly restricted in all directions, indicating clinically an AC that was thought to be secondary to long-term diabetes mellitus.

His radiological evaluation, based on mainly anteroposterior roentgenograms revealed multiple, symmetrical, and oval-shaped periarticular sclerotic foci in varying sizes with normal joint spaces on phalanges, carpal bones and metacarpals, metatarsals and tarsal bones, distal radius and ulna, proximal humerus, clavicles, scapulae, proximal and distal femur, proximal tibia and fibula, ilia, ischia, sacrum, cervical, thoracic and lumbar vertebras, and ribs compatible with OPK (Figs 1-4). Bone scintigraphy showed no abnormality.

PK is a rare, inherited sclerosing bone dysplasia caused by the failure of resorption of secondary spongiosa, which is usually detected incidentally by plain radiographs. OPK may occur in association with several clinical abnormalities, including skin manifestations, such as dermatofibrosis lenticularis disseminate, keloid formation, hamartomas, discoid lupus erythematosus, various rheumato-

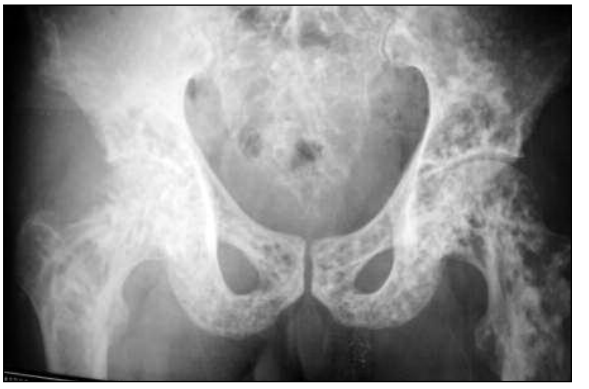

Figure 1.

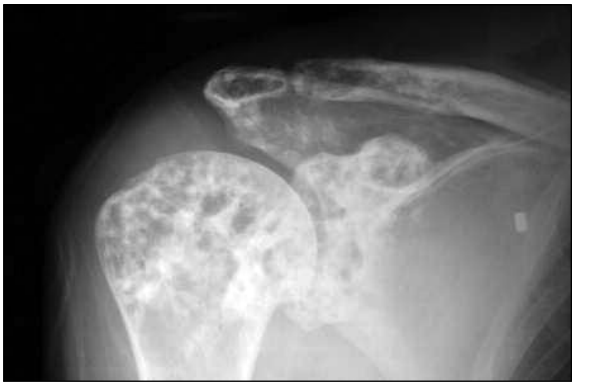

Figure 2.

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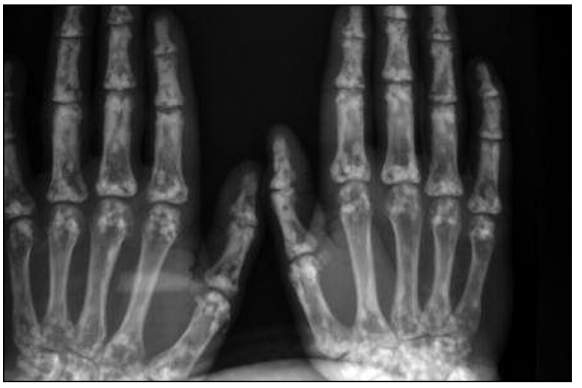

Figure 3.

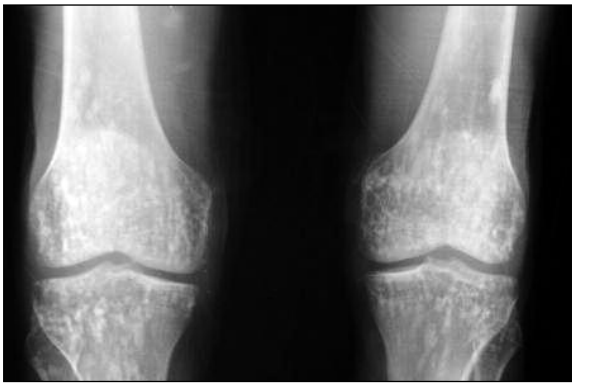

Figure 4.

logic diseases, synovial chondromatosis, and dacryocystitis[3-8]. However, OPK concomitant with an endocrine dysfunction, such as diabetes mellitus has been reported less frequently in the literature[9].

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