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Polyostotic Fibrous Dysplasia Case

Poliostotik Fibroz Displazi Olgusu

Polyostotic Fibrous Dysplasia Case

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Fibrous dysplasia(FD); is a benign slow-moving disease, in which the etiology is unknown, and abnormal fibroosseous replaces normal medullary bone tissue. Clinical fibrous dysplasia occurs in three forms: monostotic, polyostatic and McCune-Albright syndrome. The lightest and most common (70%) form is a monostotic form and it keeps single bone. Polyostotic form accounts for 30% of cases and affects a large number of bones. McCune-Albright syndrome is the most severe form with endocrine diseases, polyostotic FD and skin hyperpigmentation and seen very rare [1]. Patient history, clinical examination and conventional radiographic findings are usually sufficient to diagnose the FD. Diagnosis is based on radiological findings. Today CT scan and MRI are more preferred [2].
37-year-old male patient was evaluated at the chest disease clinic with left chest pain. He had a history of operationdue to fracture of the femur 8 years ago. There was swelling on the right maxillary mandibular and back and front left chest in physical examination, Radiological assessment was 1.rib expansion in the upper left zone on chest radiograph(Figure 1), cystic prominent expansive bone lesions in left 1. rib expansive bone lesions. Were detected in tomography(Figure 2). Cystic expansion was found in right proximal femur on pelvic radiograph(Figure 3). Maxillofacial tomography revealed hypodense soft tissue density in the right maxillary sinus (Figure 4-5). Multiple dıffuse heterogeneous osteoblastic activity increasements was revealed in bone scintigraphy (polyostotic fibrous dysplasia) (Figure 6). no significant abnormalities were In the laboratory blood count, routine biochemical analysis and in hormonal assays.



Figure 1. Chest PA: 1.rib expansion

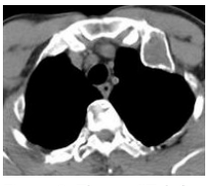
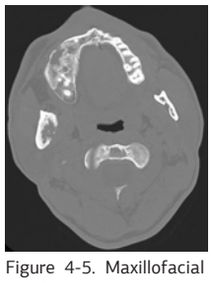


Figure 2. Thorax CT: left 1. rib expansive cystic bone lesions



Figure 3. Pelvic radiograph: Cystic expansion right proximal femur



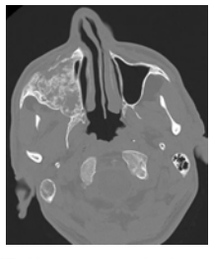


Figure 4-5. Maxillofacial CT: Hypodense soft tissue density

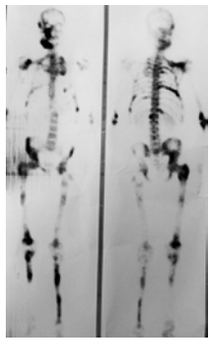


Figure 6. Bone scintigraphy: Multiple dıffuse heterogeneous osteoblastic activity

References
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