

Acro-osteolysis

Joe Thomas , Jewel Jose 

A 45-year-old woman presented with long-term Raynaud's phenomenon, esophageal dysmotility, sclerodactyly, telangiectasia, and shortened fingertips (Figure 1). Examination revealed positive anticentromere antibody (ACA), with no evidence of pulmonary hypertension and interstitial lung disease. Radiography of her hands revealed the resorption of the distal phalangeal tufts (acro-osteolysis) and soft tissue calcifications (calcinosis cutis) (Figure 2). Acro-osteolysis is a characteristic of systemic sclerosis (SSc) and has been estimated to occur in approximately 20%-25% patients (1, 2). The pathogenesis of acroosteolysis in SSc is not well understood, and presumed mechanisms include a reduction of vascular supply, compression from skin tightening, and impaired angiogenesis, among many others.



Figure 1. Long-term Raynaud's phenomenon, esophageal dysmotility, sclerodactyly, telangiectasia, and shortened fingertips



ORCID IDs of the authors:

J.T. 0000-0001-7255-6356;
J.J. 0000-0001-6323-0688.

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Department of Orthopaedics &
Rheumatology, Aster Medcity, Kerala,
India

Address for Correspondence:
Joe Thomas, Department of
Orthopaedics & Rheumatology, Aster
Medcity, Kerala, India

E-mail: joethomasmd@yahoo.co.in

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Figure 2. Radiography of the resorption of the distal phalangeal tufts (acro-osteolysis) and soft tissue calcifications (calcinosis cutis)

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