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Image of Interest

Inflammatory back pain due to heterotopic ossification

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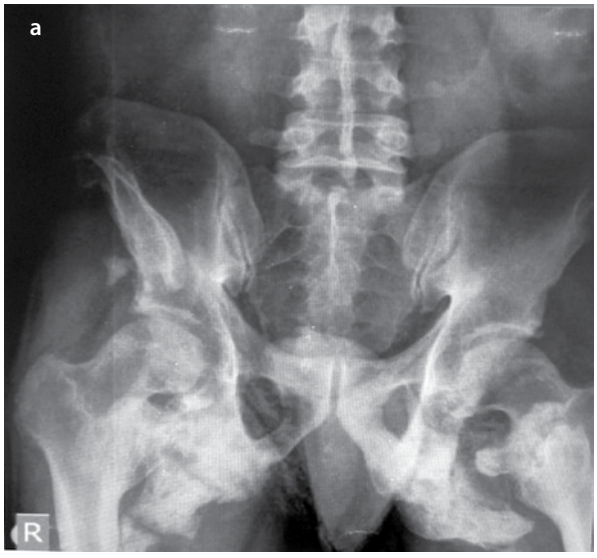

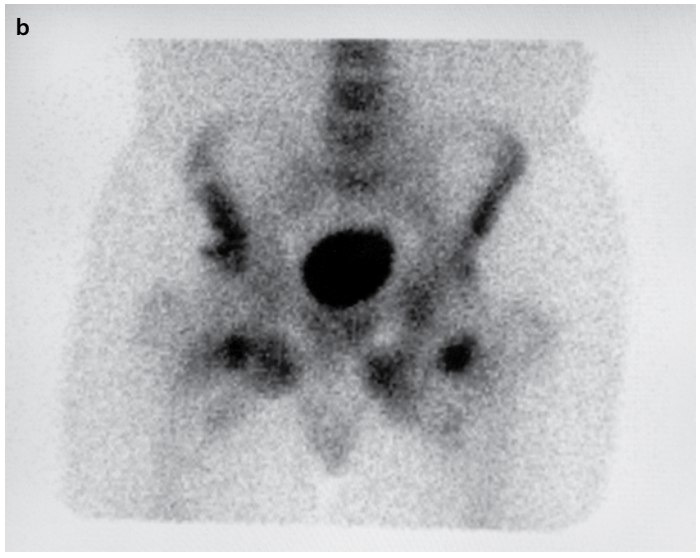

A 32-year-old male patient, admitted to our outpatient service, complained of inflammatory back pain and knee pain that became progressively severe for 4 months. The patient had a history of paraplegia emerged after falling from a high place. In the radiographic evaluation, his x-ray results revealed deposition of bone around the iliac bone and femur neck. The sacroiliac joints were normal (Figure 1a). However, the triple phase bone scan demonstrated a heterotopic ossification (HO) (Figure 1b).

Heterotopic ossification is described as bone formation in extra-skeletal tissues and deposition of bone within the soft tissue around peripheral joints (1). It may occur especially after trauma to the brain and spinal cord injuries. Rarely, it is observed in non-traumatic central nervous system disorders and, in some cases, after joint replacement surgeries. In early stages, HO may resemble the presentation of back pain, cellulitis, osteomyelitis, or thrombophlebitis. Twenty percent of HO patients have mobility problems and inflammatory back pain complaints. The etiology and pathogenesis of HO are still unknown. Radiographic imaging, bone scanning, and especially triple phase bone scan are commonly accepted as the diagnostic methods in the diagnosis of HO. In the treatment process, non-steroidal anti-inflammatory drugs (NSAIDs) are thought to be efficient to prevent symptoms at the early stages, following the injuries observed. In progressive cases, surgical resection can be another effective treatment after radiation (2). However, NSAIDs can be used to prevent recurrence. This is why we used indomethacin 100 mg/day, and the symptoms of the patient relieved after 10 days of treatment.

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References

1. Nauth A, Giles E, Potter BK, Nesti LJ, Obrien FP, Bosse MJ, et. al. Heterotopic ossification in orthopaedic trauma. J Orthop Trauma 2012; 26: 684-8. [CrossRef]
2. Chao ST, Joyce MJ, Suh JH. Treatment of heterotopic ossification. Orthopedics 2007; 30: 457-64.