Abstract #: 2

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Pulmonary Hypertrophic Osteoarthropathy in a Cystic Fibrosis Patient.

Objective(s): To describe an interesting case of HPO

Method(s): Case Report

Result(s): A 22-year-old man known for end-stage cystic fibrosis presented with a pulmonary exacerbation, fever and a subacute history of symmetric wrist, elbow and knee pain worsened by exertion. He had severe knee pain and was unable to weight-bear. On examination, his knees were warm to the touch but he had no clinical signs of a knee effusion. He had severe pain on passive and active range of motion of his knee joints. Plain x-rays of his knees questioned the possibility of small, bilateral knee effusions but an attempted aspiration resulted in a dry tap. He had a mildly positive rheumatoid factor and elevated C-reactive protein, both in the context of a cystic fibrosis exacerbation with associated lung infection. A hepatitis screen and an antinuclear antibody screen were negative. A joint scan showed heterogeneous linear cortical uptake in a tram track pattern seen in bilateral femurs, tibia, radii and ulna consistent with hypertrophic osteoarthropathy. The patient improved somewhat with nonsteroidal anti-inflammatory drugs, but was still requiring a cane to walk upon hospital discharge. However, he received a lung transplant the following month and reported complete resolution of his joint pains six weeks after transplant.

Conclusion(s): Pulmonary hypertrophic osteoarthropathy is a rare manifestation of pulmonary disease, most commonly found in lung cancer patients but can also be a complication of cystic fibrosis. It is important to consider this diagnosis, which may mimic the presentation of a septic arthritis. Bone scan with pathognomonic images proved to be diagnostic in this case.