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Clinical vignette

Chronic non-bacterial osteomyelitis in SAPHO syndrome complicated by subclavian vein obstruction

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A 50-year-old woman presented to our tertiary center with chest pain that had been present for 2 years, without weight loss or fever. Physical examination revealed a bony manubrial swelling with prominent vasculature, with oedema of the left hemithorax, and a pustular rash on the foot soles. ESR was 65 mm/h, haemoglobin 7.8 mmol/l, and ALP 69 U/l. Single-photon emission CT demonstrated sclerosis, hyperostosis and increased uptake of the manubrium and upper ribs (Fig. 1, left pane). The pustular rash was diagnosed as pustulosis palmo-plantaris, and the total clinical picture was suggestive of chronic non-bacterial osteomyelitis in the context of synovitis, acne, pustulosis, hyperostosis, osteitis syndrome (CNO/SAPHO). Contrast-CT showed obstruction of the left subclavian vein with expansive collaterals (Fig. 1, right pane), presumably resulting from a thrombotic event caused by hyperostotic compression. No malignant lesions were observed. Prophylactic apixaban was started, and the patient

was treated with 3-monthly i.v. pamidronate with good clinical effect on bone pain.

CNO/SAPHO mostly manifests as osteitis of the anterior chest wall in adults and often co-occurs with dermatologic or articular inflammation [1]. In long-existing CNO/SAPHO, hyperostosis may cause neurovascular compression, which may trigger thrombosis warranting anticoagulants [2].

Data availability

Data are available on request.

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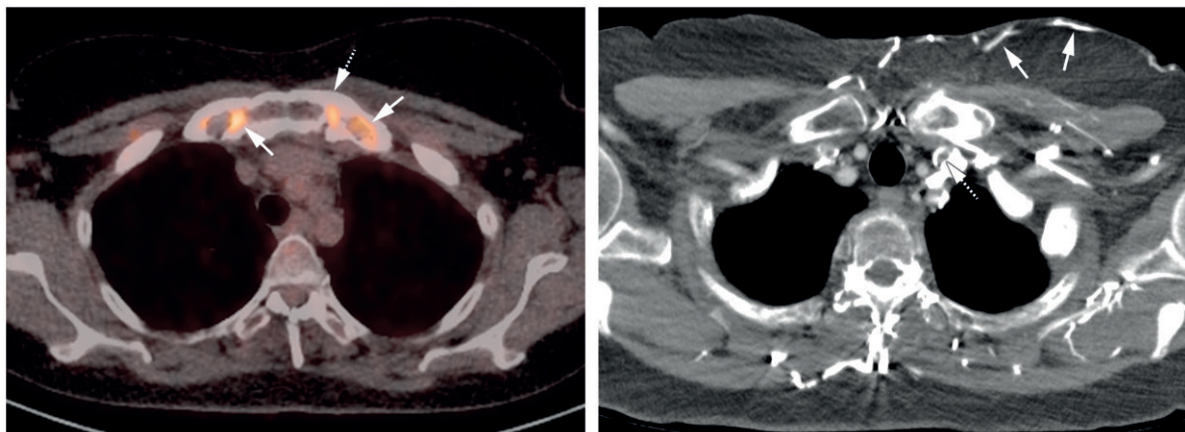


Figure 1. Single-photon emission CT and contrast CT of the anterior chest wall demonstrating CNO/SAPHO complicated by subclavian vein obstruction. Left pane: arrows indicate sclerosis, hyperostosis and increased uptake of the manubrium and upper ribs. Right pane: arrows indicate obstruction of the left subclavian vein with expansive collaterals

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