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Short Report

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Unusual myositis ossificans

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Abstract

We report the case of a 9-year-old girl who presented to the emergency unit with general asthenia, myalgia, and difficulty to walk and stand evolving from 1 month. The diagnosis of myositis ossificans was ultimately made on clinical and conventional radiography finding. This case presents a rare form of myositis ossificans and highlights the contribution of the conventional radiography in the diagnosis workup of myositis ossificans.

Case report

A 9-year-old girl with no significant medical history, presented to the emergency unit with general asthenia, myalgia, and difficulty to walk and stand evolving from 1 month. Clinical examination showed multiple lesions of calcinosis cutis over her lower limbs and restricted movements of both hips and knees. Lower limb radiography (Panels A and B) revealed massive and extensive calcifications of soft tissue. Laboratory parameters were normal; however, erythrocyte sedimentation rate was elevated at 65 mm/hour (normal range under 20). The diagnosis of an idiopathic myositis ossificans was made. She couldn't have a genetic investigation lacking the financial means.

The patient was prescribed glucocorticoids, in addition to analgesics, and intravenous pamidronate.

Discussion

Myositis ossificans (MO) is the heterotopic formation of non-neoplastic bone and cartilage in soft tissue [1]. It is an extremely rare condition in children, characterized by abnormal heterotopic ossification formation, involving the striated muscle and soft tissue [2]. There are two forms: MO circumscripta which is a localized form, limited to a single muscle, and a progressive form which affects all striated muscles with a special predilection for paravertebral muscles [1]. The second form is more frequent in young children, generally due to genetic or metabolic disorders [3].

Although MO is often the result of trauma, neurological injury, surgery, burns or may be idiopathic [4]. However, its pathogenesis is still unknown, and the initiation process may be imperfectly understood [5]. Conventional radiography plays a central role in the diagnosis workup of MO, it shows rapidly

progressive calcifications involving striated muscles [6]. The treatment is generally conservative as many of the lesions disappear spontaneously [7]. Non-selective non-steroidal anti-inflammatory drugs like indomethacin may stop the evolutionary process of MO [8]. Surgical resection could be suggested in case of localized forms.

This case presents a rare form of MO in a young girl, and its highlights the role of the conventional radiography in the diagnosis workup of MO.

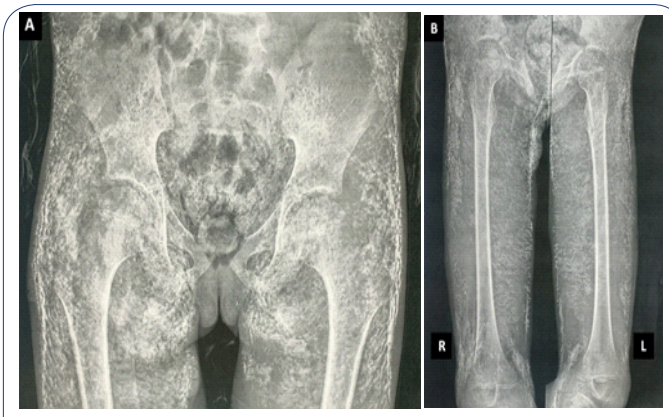

Figure 1: Lower limb radiography showing massive and extensive calcifications of soft tissue.

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