

Poster presentation

A case of chronic recurrent multifocal osteomyelitis successfully treated with etanercept

N Aktay Ayaz*, R Topaloglu, F Özaltın, M Çağlar Tuncali and A Bakkaloglu

Address: Hacettepe University Medical Faculty, Ankara, Turkey

* Corresponding author

from 15th Paediatric Rheumatology European Society (PreS) Congress
London, UK. 14–17 September 2008

Published: 15 September 2008

Pediatric Rheumatology 2008, **6**(Suppl 1):P191 doi:10.1186/1546-0096-6-S1-P191

This abstract is available from: <http://www.ped-rheum.com/content/6/S1/P191>

© 2008 Aktay Ayaz et al; licensee BioMed Central Ltd.

Chronic recurrent multifocal osteomyelitis (CRMO) is a disease of unknown origin characterised by multifocal recurrent bone lesions without any microbial agent detected from the lesion.

A 9-year-old girl presented with the complaint of leg and arm pain. From her previous history it was learned that she had had back pain 2 years ago and at another medical center she had been evaluated with vertebral magnetic resonance imaging, vertebral tuberculosis had been suspected there and she had been given antituberculous treatment and non-specific antibiotic treatment. During follow up, she had had new lesions in the sternum and radius.

She was re-evaluated in our clinic and bone scintigraphy was performed with the possible diagnosis of CRMO. On scintigraphy she had increased uptake of radioactive material at the level of T12 vertebra and corpus sterni. Her previous biopsy specimens were found to be non-specific chronic osteomyelitis. She had a very high sedimentation rate and elevated CRP levels. During follow up with non-steroid anti-inflammatory agents she developed a severe achilles tendonitis. She had a positive HLA B27 test. Due to the progression of her disease both clinically and laboratory values she was started etanercept treatment. After a follow up period of 6 months she was clinically silent and her control bone scintigraphy was obviously better than her first scintigraphy.

From the previous studies it is known that there is intense expression and production of TNF- α in bone lesions. We

conclude that especially in refractory CRMO cases etanercept may be an effective treatment option.