

LETTERS TO THE EDITOR

Epiphyseal involvement in Erdheim-Chester disease: an under-reported phenomenon

Dear Editor,

I read with interest the article by Koh TW *et al* which appears in volume 6 issue no 3 of Malaysian Orthopaedic Journal 2012¹, and like to offer a few additional comments and observations on the article.

On page 69 of the article, the authors described that sclerotic and lytic lesions are seen involving the metaphyseal regions of bilateral humeri, femora and tibiae on figure 1. However, no image of the tibia was subsequently provided. Furthermore, similar lesions are also seen involving the epiphyseal and diaphyseal regions of the visualised appendicular bones with additional lesions in the pelvic bones, sacrum and scapulae.

Epiphyseal involvement is not uncommon in Erdheim-Chester disease but the frequency is underestimated due to under-reporting in many of the cases as observed by Dion E *et al*².

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REFERENCES

1. Koh TW, M Fadli, SL Vijaya Kumar, & Ashutosh S Rao. Rare presentation of a rare disease (Erdheim-Chester disease): A case report. *Malaysian Orthopaedic Journal* 2012; 6(3): 69-71
2. Dion E, Graef C, Miquel A, Haroche J, Wechsler B, Amoura Z, *et al*. Bone involvement in Erdheim-Chester disease: Imaging findings including periostitis and partial epiphyseal involvement. *Radiology* 2005; 238: 632-9.

Dear Editor,

We would like to thank the reader for the keen interest in our article. Involvement of the epiphysis has been described in Erdheim-Chester disease. Dion E *et. al* (2006) described periostitis and partial epiphyseal involvement in their series of 11 patients which was appreciated radiologically but more clearly seen in the MRI of the involved bone. Involvement of the epiphysis being partial and minimal was not clearly visualised in the normal X-ray viewing apparatus. However, in addressing the query regarding epiphyseal involvement in our case, we went on to view the radiographs in a high resolution digital image viewer which showed minimal but definite epiphyseal involvement of the proximal tibia and distal femur which was confirmed by the radiologist (fig 1a, 1b). We could not proceed with possible arrangement for an MRI as the patient has succumbed to the disease.

We did not emphasize this particular finding due to its minimal involvement (predominant metaphyseal involvement disease) and as the patient had not been subjected to MRI investigation of the involved bone .

This could well be one of the reason why this entity, of involvement of the epiphysis in this condition, is underreported as stated by the reader from Singapore in his letter to the Editor in response to our article on this rare disease. The knee and tibiae radiographs are included for the reader's viewing.

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Fig. 1a & 1b: Plain anterior-posterior radiographs of tibia/fibula including distal femur of the patient.