# Melorheostosis With Painful Hip And Knee: A Case Report

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## INTRODUCTION:

Melorheostosis is an uncommon mesenchymal dysplasia that occurs in early childhood, age at presentation is often later and is asymptomatic, being diagnosed as an incidental findings on radiographs obtained for another purpose. We highlighted this case as this benign condition exhibits a chronic course, difficult to treat, with period of exacerbation and arrest and the chronic pain and deformity can be debilitating.

## CASE REPORT:

A 7 years old girl presented with limping gait for 2 years and worsen for the past 3 months. She had pain on the left hip and knee with no history of trauma or fever. On examination, she had anthalgic gait and tenderness on the left hip and knee with no obvious swelling or deformity. There was no muscle wasting nor limb length discrepancy. The Trendelenburg test was negative with no neurological deficit. The radiograph showed a classical sclerotic lesion characterized by flowing candle wax appearance, pathognomonic feature of melorheostosis. We treated the patient conservatively with analgesia and physiotherapy and her symptoms improved. She didn't develop deformity of left lower limb after a year of follow up.

## DISCUSSIONS:

Melorheostosis is a rare, non-familial sclerosing bony dysplasia of poorly understood aetiology, also known as Leri's disease[1]. It is characterized by soft tissue contractures with overlying slowly evolving linear hyperostosis. The classical presentation is painless, asymmetrical joint contracture prior to age 6 years old, however, patient can present at any age with symptoms of pain, limb swelling and reduced range of motion of limbs. The cause of pain associated with melorheostosis is not known[1]. Generally, lower limbs are more frequently involved and it can cross synovial joint and there is often ossification in the local soft tissue[2]. The classical radiographic features are asymmetrical bands of sclerosis in an irregular linear pattern, often described as molten wax dripping down from one side of a candle. There is no specific treatment on this disease. Therapy is usually symptomatic and the main goals are pain relief and restoration of functional range of motion of the joints. Surgical treatment comprises soft tissue release, capsulotomy, fasciotomy, tendon lengthening and bony procedure likes corrective osteotomy if needed[3]. In our case, the main problem is the pain and limping gait with no soft tissue contracture nor bony deformity, so conservative treatment with analgesic is the mainstay of treatment.

## CONCLUSION:

The prognosis of this disease is variable, depending on the anatomical position and soft tissue involvement. Recurrence is expected after surgical excision and thus surgical intervention is only advocated in chronic debilitating symptoms[1] .

## REFERENCES:

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