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Multiple Bone Infarcts in the Setting of Sjogren's Syndrome

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CLINICAL IMAGE

A 53-year-old woman presented with multiple pain in right knee, left shoulder and bilateral hip for several months. The patient had been diagnosed with Sjogren's syndrome based on clinical symptoms of dry mouth, anemia, anti-SSA and anti-Ro-52 antibody results 4 years ago. She had received previous corticosteroid therapy. MRI revealed multiple bone infarcts of the patella, femur, tibia, humeral head and femoral head (Figure. 1), with typical serpiginous margin and double-line sign. Sjogren's syndrome is a chronic autoimmune disease, which can affect multiple organ systems including vasculitis.[1] Corticosteroid therapy and vasculitis are key factors which lead to bone infarcts. Multiple bone infarcts are relatively rare in the setting of Sjogren's syndrome. The presence of serpiginous margin and double-line sign on MRI are considered to be highly specific for bone avascular necrosis.[2]

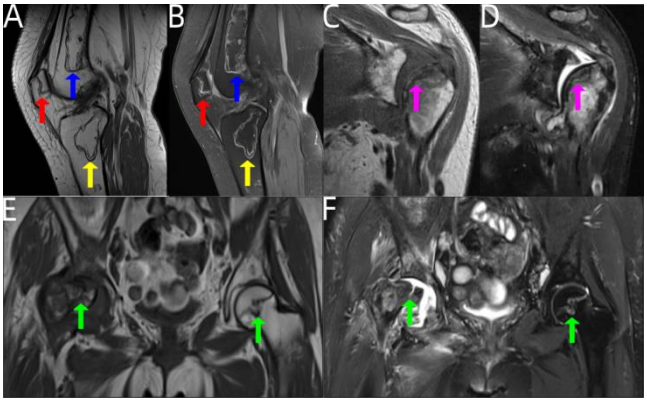

Figure 1: Multiple bone infarcts. **(A-B)** MR images of right knee showing serpiginous margins and double-line signs of patella (red arrows), femur (blue arrows), and tibia (yellow arrows). **(C-D)** MR images of left shoulder showing double-line signs of humeral head (purple arrows). **(E-F)** MR images of bilateral hip showing collapse and serpiginous margins of femoral head (green arrows).

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DISCLOSURE STATEMENT

The authors have declared no conflicts of interest.

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