

Correspondence

Cortical hyperostosis and prostaglandins

Sir: Dr. Jörgensen and associates (1) present the interesting case of an infant who developed cortical hyperostosis after prolonged administration of prostaglandins (PGE). This is certainly an intriguing finding, not least in the light of recent animal studies and previous clinical observations (2, 3). Unfortunately, the authors do not discuss – or even mention – differential diagnoses such as Caffey's disease or various congenital infections, which may display radiologic and morphologic changes quite similar to those of their patient.

Although suggestive, I do not think that the data presented warrant a *categorical* conclusion that the enhanced bone formation in this particular case was induced by PGE.

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Sir: Radiographic changes quite similar to those described in our case story may be produced by Caffey's disease (no periostitis of the clavicle and mandible in our case), congenital syphilis (negative serological tests), hypertrophic osteoarthropathy (PO₂ rose and cyanosis disappeared before the radiographic changes were demonstrated), or periosteal hematomas (atraumatic delivery). In our case there were no signs of leukemia, metabolic bone diseases, or hypervitaminosis A.

We still think that bone changes in this particular case was induced by PGE, as described by others (3-6); but diagnosis of prostaglandin-induced periosteal reaction remains one of exclusion.

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References

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