



Knee Pain in Systemic Sclerosis (Ssc)

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Clinical Image

A 56-year-old female patient diagnosed with SSc (2013 ACR-/EULAR-criteria; mRSS = 6/51) and steroid-induced osteopenia (T-score -1.0 SD neck, -0.5 SD total hip, Vitamin D3 71 nmol/l) presented with left knee pain, progressing over the last months. Serologically no inflammation was found. Radiographs of the affected knee (Figure 1A) showed diffuse osteosclerosis along the medial tibial plateau without signs of fracture (arrows). Because of persisting pain a MRI (Figure 1B and C) was conducted six months later. It revealed a horizontal insufficiency fracture of the tibial head (stars), which was treated by endoprothetic surgery followed by bisphosphonates. In summary, the horizontal fracture of the tibial head lead to the diagnosis of osteoporosis. The prevalence for osteoporosis and associated fractures is increased in women with SSc [1,2], which is discussed to be an independent risk factor [3]. Consequently, imaging should be extended beyond conventional radiographs in SSc patients with unexplained joint or bone pain.

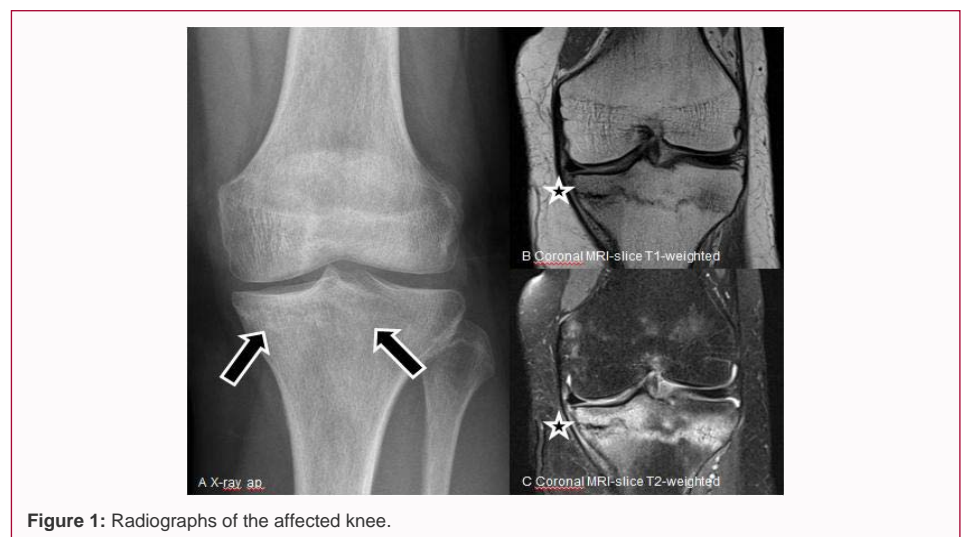


Figure 1: Radiographs of the affected knee.

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