LETTERS

AN UNUSUAL BONE INFARCT IN A YOUNG ADULT SICKLER

Dear Editor

Radiological features of sickle cell disease are multisystem and ubiquitous. The skeletal system is a frequent target of the consequences of sickling. One report has been shown that bone pain is the most common reason for admission to hospital. Bone infarcts, osteomyelitis, bone marrow necrosis and aseptic necrosis are common complications of sickle cell disease. This is a report of an unusual bone infarct in a sickler.

The patient is 27-year-old known sickle cell patient who had been attending sickle cell clinic fairly regularly. On a number of occasions he was admitted and treated when he was in bone pain crises. Three years prior to presentation he started having a pain at the left hip joint. The pain was dull in character and was aggravated by prolonged walking or after sitting down for a long time. Later the right hip joint was also involved. The pain was relieved with analgesics. The patient later developed ulcer in the right leg. He was also treated for peptic ulcer. On examination he looked ill and pale, and walked with a limp. He weighed only 46kg for a height of 169cm.

The laboratory investigations showed fetal haemoglobin of 10%, PCV of 20% and genotype of HbSS. Plain x-ray of the pelvis showed a wedge-shaped osteosclerosis of the left acetabulum in addition to the usual osseous findings in sickle cell disease: generalized coarse trabeculae pattern, aseptic necrosis of the femoral head, bone-within-bone appearances, and fragmentation of the femoral heads. In addition to these, he also had a wedge-shaped osteosclerosis of the left acetabulum. The fact that it is not bilateral differentiates it from bone dysplasia. The wedge shape suggests that it is vascular in nature. Bone island, which is a differential, is uniformly dense, round or oval and usually has radiating thorn-like spicules.

Bone infarctions are sometimes difficult to distinguish from osteomyelitis on plain radiographs. Different imaging modalities can be used to differentiate between the two. Scintigraphy will show areas of increased uptake in osteomyelitis and decreased uptake in acute bone infarctions. Ultrasonography will demonstrate subperiosteal tissue collection that may be associated with osteomyelitis. Ultrasound-guided aspiration is also useful in distinguishing abscess of osteomyelitis from haematoma due to bone infarction.

Splenic infarction is relatively common in patients with sickle cell disease. Autosplenectomy may result from splenic infarctions. Our patient had autosplenectomy. The chronic leg ulcers, which our patient had, are known complications of sickle cell disease. Chronic leg ulcers result from vaso-occlusive complications associated with the decreased oxygen-carrying capacity of haemoglobin in patients with sickle cell disease or its variant. It is important to be wary of infarctions in such atypical sites as a differential diagnosis of painful hip joint in sicklers.

E. N. Obikili, U. Okoye and B. C. Jiburum

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References

HUMAN IMMUNODEFICIENCY VIRUS (HIV) SEROPOSITIVITY IN PATIENTS PRESENTING TO AN EYE CLINIC

Dear Editor

An estimated 42 million people worldwide are now infected with the human immunodeficiency virus (HIV), compared with 30 million people that were infected in 1997. Ninety per cent (90%) of these live in developing countries. Some people with HIV remain asymptomatic and these constitute an important source of transmission of the virus. HIV has been isolated from the tear fluid, conjunctiva of HIV positive but asymptomatic individuals. There have also been reports of health care workers who seroconverted following infected blood splash onto their mouths and non-intact skin. The conjunctiva and cornea are also recognized as a potential route for transmission of infection. In a study in Eastern Nigeria, 5.3% of eye patients were HIV positive.

This was a prospective study conducted at the eye clinic of LAUTECH Teaching Hospital, Osogbo, Nigeria from July 2002 - August 2003. Two hundred and forty-one patients coming for the first time were investigated using the enzyme linked immunosorbent assay (ELISA) technique after pretest counseling. They were tested for both HIV 1 and 2 using immunocomb. Those who tested positive had confirmatory test using immunocomb II HIV 1 and 2. Eight (3.32%) were positive to HIV1. No patient was positive for HIV 2. There were 6 males and 2 females. The clinical diagnosis in the HIV positive patients is shown in Table 1.

<table>
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<tr>
<td><strong>Total</strong></td>
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</tbody>
</table>

Table 1: HIV positive cases by diagnosis

Eight (3.32%) were positive to HIV1. No patient was positive for HIV 2. There were 6 males and 2 females. The clinical diagnosis in the HIV positive patients is shown in Table 1.

References

3. Center for disease control. Update: human immunodeficiency virus infections in health care workers exposed to blood infected patients. MMWR 1987; 36: 285-289

THE MRC CRASH STUDY: ANY LESSONS FOR US?

Dear Editor

It is now known that corticosteroid use in head trauma is not beneficial and may actually contribute to increase morbidity and mortality in the head injured patients. This is due to the efforts of the just concluded MRC CRASH (Corticosteroid Randomisation After Significant Head Injury) study. Apart from putting to rest the controversy surrounding...