insufficiency is a well-known cause of periosteal reaction at the lower limbs [4], and early studies with intraosseous venography showed venous stasis in the femoral neck of patients with femoral head osteonecrosis [5,6]. It would be interesting to see the MRI of femora and tibias in the patient reported by Ahn et al., if the authors have the opportunity to do that.

References


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Reply to the letter by Pierre Lafforgue on the case report entitled: “Periosteal reaction in systemic lupus erythematosus”

Keywords: Periosteal reaction; Systemic lupus erythematosus

We thank Pierre Lafforgue for the interest and comments in our case report. It was fully capable of thinking so, because we and others reported the cases with periosteal reaction in systemic lupus erythematosus (SLE), accompanied by avascular necrosis (AVN) [1–3]. As Doctor Lafforgue has pointed out, we agree that AVN may be one of various causes in the periosteal reaction.

AVN is defined as skeletal infarction resulting from ischemia. Various potential mechanisms of AVN include disruption of arterial blood supply by fracture or dislocations, external vascular compression, and mechanical obstruction of vessels by thrombosis or embolism [4]. Although the mechanism of periosteal reaction remains to be elucidated, we suggested that inflammatory changes of microvasculature resulting in ischemia play a role in periosteal reaction in SLE. Thus, we think that both AVN and periosteal reaction might be occurred due to bone ischemia, independently or simultaneously.

Unfortunately, we had no knee MRI and knee X-ray taken at the same time. Next follow-up, we are going to take an MRI in our case as Pierre Lafforgue recommended.

References


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