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4 June 2009
Available online 20 September 2009
doi:10.1016/j.jbspin.2009.06.002

Reply to the letter by Fabricciani about the review entitled “Male osteoporosis: Diagnosis and fracture risk evaluation”

Keywords: Male osteoporosis; Diagnosis; Fracture risk

In their correspondence, Fabbriciani et al. reported that in addition to the causes of osteoporosis listed in our review, other rare causes of osteoporosis should be researched before the conclusion of idiopathic male osteoporosis.

Indeed, osteoporosis and fractures may occur in the course of other diseases than those reported in our manuscript as the main causes of secondary osteoporosis in men. We agree that a careful review of medical history and a complete physical examination together with routine biological tests are necessary in male osteoporosis. Infact, patient history should lead to acquired growth hormone deficiency (aGHD), whereas serum phosphorus measurement or serum cortisol measurement are good markers for the diagnosis of idiopathic phosphate diabetes or mild hypercorticosolism, respectively. Similarly, the presence of a splenomegaly or moderate haematological abnormalities are signals for the diagnosis of Gaucher disease. However, one has to keep in mind that osteopenia rather than osteoporosis has been reported in Gaucher disease and that some fractures occur actually as a consequence of local lesion such as endosteal notches. Moreover, the link between fractures and decreased BMD is unknown in Gaucher disease.

Osteoporosis and fragility fractures are a major problem in men. A complete history and physical examinations are necessary and may reveal some remediable conditions; treating these may stop further progression of the disease and prevent fractures and their consequences.

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3 June 2009
Available online 29 September 2009
doi:10.1016/j.jbspin.2009.06.003