Baldane et al., Intern Med 2014, 5:3
DOI: 10.4172/2165-8048.1000i102

Internal Medicine: Open Access

Clinica Image Open Access

Untreated Paget's Disease with Severe Bone Lesions

Suleyman Baldane[1]*, Gonca Kara Gedik[2] and Levent Kebapcilar[1]

[1]*Department of Internal Medicine, Division of Endocrinology and Metabolism, Faculty of Medicine, Selcuk University, Konya, Turkey*
[2]*Department of Nuclear Medicine, Faculty of Medicine, Selcuk University, Konya, Turkey*

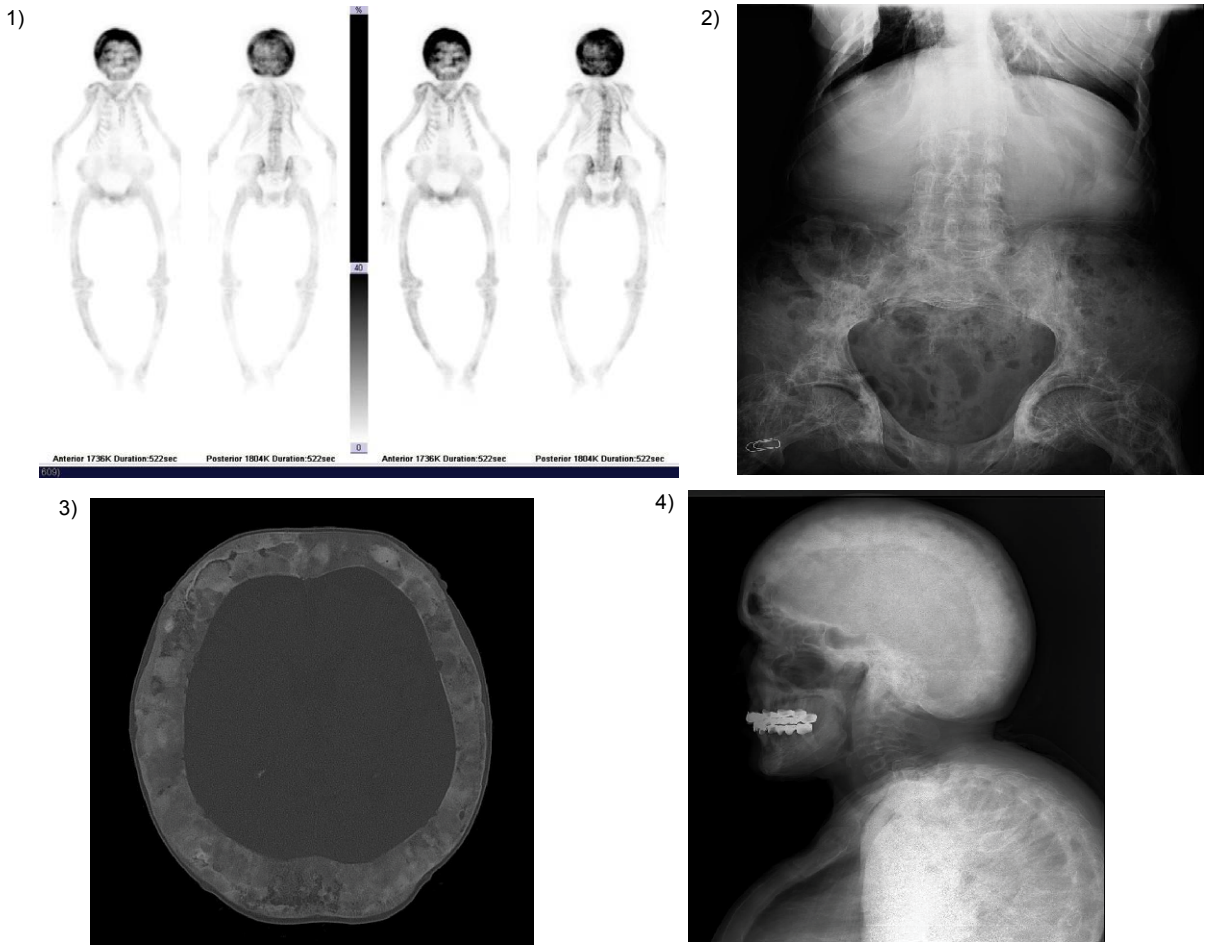

Figure 1: Bone scan with technetium-99.
Figure 2: X-ray pelvic film.
Figure 3: X-ray film of skull.
Figure 4: MR images of the skull.

Clinical image

Keywords: Paget's disease, bone lesion, skull involment

A 65-year-old woman presented with a long-standing history of chronic back pain, and difficulty walking. During the last three years her relatives have realized a progressive hearing loss on her right and left side, as well as some facial changes, especially an enlargement of her mandible and an abnormal skull shape. A comprehensive metabolic panel with liver function tests, serum protein electrophoresis and growth hormone axis were normal. Serum alkaline phosphatase was

***Corresponding author:** Suleyman B, MD, Department of Internal Medicine, Division of Endocrinology and Metabolism, Faculty of Medicine, Selcuk University, Konya, Turkey, Tel: +903322244685; E-mail: baldane42@hotmail.com

Received April 15, 2015; **Accepted** May 22, 2015; **Published** May 30, 2015

Citation: Baldane S, Gedik GK, Kebapcilar L (2015) Untreated Paget's Disease with Severe Bone Lesions Intern Med 4: i102. doi:10.4172/2165-8048.1000i102

markedly elevated at 3487 U/L (reference range 25-100) with normal levels of calcium 9.8 mg/dL and 25-hydroxyvitamin D 32 ng/mL. A bone scan with technetium-99 showed increased radiotracer uptake at various bony sites, including the T3, T6, T11 and T12, L3-L5 vertebrae, sacrum, pelvis, sternum and tip of the left scapula and skull reflects the increased bone turnover in Paget's disease (Figure 1). In addition, the x-ray pelvic film shows mixed lytic and sclerotic changes consistent with Paget's disease (Figure 2). Radiography of the skull revealed thickening of the cranial bones, widening of the diploe and the "cotton wool" appearance caused by irregular areas of multiple osteolytic and osteosclerotic areas diffusely scattered throughout the skull (Figure 3). MR images of the skull confirmed bony expansion, cortical bone thickening (35 mm) and irregular areas of sclerosis (Figure 4).

Paget's disease is primarily affect axial skeleton but these degrees of bone changes are not commonly seen today on account of earlier diagnosis.