Clinical Vignette

Bilateral calcaneal osteonecrosis in a patient with systemic lupus erythematosus

Patients with systemic lupus erythematosus (SLE) are at high risk of the development of osteonecrosis. Common sites of involvement are the femoral head, femoral condyles and proximal humerus. Calcaneal osteonecrosis is an extremely rare disorder.

The patient is a 41-yr-old man of African origin with SLE treated with prednisolone, azathioprine and hydroxychloroquine. In 2003 he presented with pain in his lower legs, maximal in his heels. On examination there were features of bilateral reflex sympathetic dystrophy and peripheral neuropathy.

Radiographs demonstrated osteopenia in several of the small bones of the feet. Magnetic resonance imaging showed areas of osteonecrosis within both calcanei posteriorly; there was also oedema and atrophy within the lower leg and intrinsic hind foot muscles, which was symmetrical. A neurophysiological study confirmed a severe symmetrical, sensorimotor axonal polyneuropathy of the lower limbs.

This is the first clinical case report of a patient with SLE who developed calcaneal osteonecrosis. Two cases with SLE have been described previously but in a radiological report that contained few clinical details [1].

Risk factors in our patient for the development of this rare complication included treatment with high-dose corticosteroids, active SLE, peripheral neuropathy and reflex sympathetic dystrophy.

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