A case of acro-osteolysis

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Clinical—A 42-year-old lady presented with a history of bluish discoloration of her fingers and toes for the past 2 years. This especially occurred during the winter months. The skin discoloration improved with warming of the extremities. She also complained of tightening of the skin on her fingers and toes.

On examination, the skin on her hands was tightly tethered to the underlying tissue. A contracture was present in the index finger of the left hand. The terminal parts of fingers revealed loss of soft tissue (Figure 1).

Figure 1

The X-ray of the hand revealed evidence of acro-osteolysis of terminal phalanges (Figure 2). Her antinuclear antibodies were positive. Anticentomere antibodies were also positive.
What is the diagnosis?
**Answer**—A diagnosis of *limited systemic sclerosis* was made.

Acro-osteolysis results from ischemic destruction of the terminal phalanges. This usually occurs in association with various diseases which may include vasculitides (like scleroderma, psoriasis, rheumatoid arthritis), exposure to vinyl chloride, neuropathic (diabetes mellitus, tabes dorsalis, leprosy), following trauma or in association with hyperparathyroidism.\(^1\) However this finding is usually characteristic for systemic sclerosis. The frequency has been variably reported from one-fifth to four-fifths of the cases studied.\(^2\)

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