

Physiological periostitis in a 2.5-month-old baby

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To the Editor,

We have read with great concern the article entitled "Physiological periostitis in a 2.5-month-old baby" by Oya Halıcıoğlu et al., which was published in the Turkish Journal of Pediatrics (2009; 51(3): 305-307).

First of all, we have an objection regarding the title. As you may be aware, periostitis is not a physiologic process but it is absolutely a pathologic process, which means inflammation like tonsillitis, appendicitis, etc. The medical description of periostitis is "Inflammation of the periosteum, leading to tenderness and swelling with aching pain. Often striking bone proliferation is noted. Periostitis may involve only a limited region, or may be diffuse"¹.

With respect to the presented case, it would be more appropriate to use physiological periosteal reaction instead of periostitis, which does not imply an inflammation but simply elevation of periosteum. Periosteum may elevate and become visible in many other instances, such as subperiosteal bleeding secondary to trauma, subperiosteal new bone formation in tumors or tumor-like pathologies of bones, osteomyelitis, or primary and secondary hypertrophic osteoarthropathy. On the other hand, periosteal reaction could be seen only in the healing stage of rickets in some cases. We believe osteopetrosis should also be remembered among other diagnostic possibilities in this prematurely born baby².

We would very much appreciate if you could kindly publish this letter in the next issue of your journal for the sake of preventing the misunderstanding of periostitis/physiologic periosteal reaction.

REFERENCES

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2. Özsoylu Ş, Besim A. Osteosclerosis versus osteopetrosis. J Pediatr 1992; 120: 1005.

Reply

To the Editor,

We have read the comment about our article entitled "Physiological periostitis in a 2.5-month-old baby" by Oya Halıcıoğlu et al., which was published in the Turkish Journal of Pediatrics (2009; 51(3): 305-307).

We thank the authors for their comments. They are correct in some aspects of their critique. However, in the literature, as a radiological finding, physiological periostitis is well defined in infants aged between 1 and 6 months. Physiological periosteal reaction or periosteal new bone formation is described in the literature as physiological periostitis¹. We thus used this term for this reason.

We explained physiological periostitis as periosteal new bone formation in the introduction section of our case report. The physiological term is used because it was a self-limited process and there were no clinical findings other than the radiological ones.

REFERENCES

1. de Silva P, Evans-Jones G, Wright A, Henderson R. Physiological periostitis; a potential pitfall. Arch Dis Child 2003; 88: 1124-1125.